VOLUME 38
NUMBER 3

MARCH
1942

THE CANADIAN NURSE

Canadian
Nurses
Association
General
Meeting
June 22-26, 1942
Montreal, Que.

Statue of Maisonneuve
Place d'Armes,
Montreal

*Courtesy of
Montreal Tourist and Convention
Bureau
See Page 156*

Boston University
School of Education
Library

OWNED AND PUBLISHED BY
THE CANADIAN NURSES ASSOCIATION

Q. When I serve a dish of canned peas or spinach or some other canned vegetable to a patient, how can I know how much ascorbic acid the patient is getting?

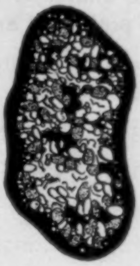
A. I couldn't assign a definite numerical value. All vegetables have an upper and lower limit of ascorbic acid content. This probably is also true for their other essential nutrients. The ascorbic acid content of a given sample is determined by a number of factors, like variety, state of maturity when picked, soil, weather, and what happens to the vegetable between the time it is harvested and served to the patient. It is very likely that canned vegetables are fully equal in ascorbic acid content to kitchen-prepared vegetables. I suggest you be guided by reliable publications on the ranges of vitamin contents in canned foods. (1)

American Can Company, Hamilton, Ontario;
American Can Company Ltd., Vancouver, B.C.

(1) 1936. Food Research 1, 3
1936. Ibid 1, 231
1938. Nutrition Abstracts and Reviews 8, 281
1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.
1940. J. Am. Diet. Assoc. 16, 891

NOW SIX-WEEKS' OLD BABIES CAN HAVE THE NUTRITIVE ELEMENTS OF FRUITS, VEGETABLES AND CEREALS WITH

Libby's
HOMOGENIZED
(EXTRACELLULAR)
BABY FOODS



Food Cell BEFORE Homogenization

Note that nourishment is enclosed by tough cellulose wall which careful straining does not break down. Undeveloped digestive juices of the infant stomach may not penetrate cellulose wall and needed nourishment is lost. Undigested food passes into large intestine where it may ferment and cause serious disturbances.

That nutritious vegetables and fruits have been well tolerated by babies as young as six weeks is due to Libby's remarkable new Homogenization process. Most doctors once considered that vegetables and fruits, even when carefully strained, contained too many indigestible, coarse fibres and food cell walls for the baby's digestive system to handle successfully.

As a result of in-vitro digestion experiments, it was shown that Libby's Homogenized Vegetables digested far more completely in 30 minutes than strained vegetables in two hours. Because all coarse fibres and the indigestible walls of food cells are refined to a smooth form by Homogenization, even tiny infants may benefit by a more balanced diet supplied by Libby's Homogenized Baby Foods, with greatly reduced danger of injury to the delicate intestinal tract.

Nutrients inside the cellulose walls of the food cells are released for easier digestion. Thus, besides being more easily digested than strained foods, Libby's Homogenized Baby Foods yield more nourishment than an equal amount of strained fruits or vegetables.

Food Cell AFTER Homogenization

Note that tough cellulose wall has been completely broken down. Nourishment has been released for quick digestion. Danger of intestinal disorders caused by fermentation of partly digested food is largely overcome, and baby gets more nourishment from the same amount of food.

FREE SAMPLES and descriptive literature will be mailed on request to physicians and pediatricians. Please address your requests to Libby, McNeill & Libby Laboratories, Chatham, Ontario.

10 BALANCED *BABY FOOD* COMBINATIONS:

These combinations of Homogenized Vegetables, cereal, soup, and fruits make it easy for the Doctor to prescribe a variety of solid foods for infants

1. Peas, beets, asparagus.
2. Pumpkin, tomatoes, green beans.
3. Peas, carrots, spinach.
4. Whole milk, whole wheat, soya bean flour.
5. Prunes, pineapple juice, lemon juice.
6. Soup—carrots, celery, tomatoes, chicken livers, barley, onions.
7. A meatless soup—consisting of celery, potatoes, peas, carrots, tomatoes, soya flour, and barley. Can be fed to very young babies.
8. An improved fruit combination — Bananas, apples, apricots are combined to give a nutritious fruit combination that is very tasty.
9. An "all Green" vegetable combination—Many doctors have asked for this. Peas, spinach and green beans are blended to give a very desirable vegetable product.
10. Tomatoes, carrots and peas—These give a new vegetable combination of exceptionally good dietetic properties and flavour.

And In Addition, Three Single Vegetable Products Specially Homogenized

CARROTS — PEAS — SPINACH and
LIBBY'S HOMOGENIZED EVAPORATED MILK

Made in Canada By

LIBBY, McNEILL & LIBBY OF CANADA LIMITED, Chatham, Ont.

NUPERCAINAL "Ciba"

A highly efficient analgesic and anti-pruritic ointment with a prolonged anaesthetic action

for the relief from pain and itching in affections of the skin and mucous membranes, such as

SUNBURN **BURNS** **HAEMORRHOIDS**
ULCERS **BED-SORES** **CRACKED NIPPLES...**
DRY ECZEMA **PRURITUS ANI AND VULVAE**

Tubes of one ounce and jars of one pound

Professional samples on request.

Ciba Company Ltd. — Montreal

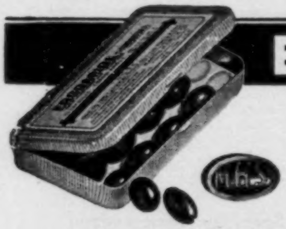
Vapo-Cresolene

INHALED is the **DIRECT METHOD** of treating **COLDS, BRONCHITIS, WHOOPING COUGH**

Direct, repetitive action! Therein lies Vapo-Cresolene's notable efficacy. With the Vapo-Cresolene lamp in operation, the patient's breathing draws the decongestive, mildly antiseptic, sedative vapors into repeated contact with the inflamed respiratory mucous membrane.

The natural result is that cough is quickly subdued, breathing passages are cleared and throat irritability and raspiness are relieved. Write for nurse's literature, Dept. 8.

THE VAPO-CRESOLENE CO.
62 Cortlandt St. New York, N.Y.



ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

Dosage:

1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

MARTIN H. SMITH CO. **New York, N. Y.**

Post Party Therapeutics!

Over-indulgence in food or refreshments often requires the use of an effective antacid-alkalizer such as BiSoDoL. The initial dose of one level teaspoonful of BiSoDoL Powder, or three BiSoDoL tablets, helps bring prompt relief in most cases of digestive upset resultant from excess stomach acid.

Professional Samples on Request

BiSoDoL

POWDER • MINTS

THE BiSoDoL COMPANY • WALKERVILLE, ONT.

THE MACMILLAN COMPANY OF CANADA
LIMITED
70 Bond Street **Toronto**

Welcomes you to Booth No. 1, at the Convention of the Registered Nurses Association of Ontario, Prince Edward Hotel, Windsor, Ontario, April 8, 9, 10, 1942.

Books Published in 1942

Norlin & Donaldson —Everyday Nursing in the Everyday Home		$2.50
Gardner — So Build We		$2.25
Proudfit — Nutrition and Diet Therapy (eighth ed.)	probably	$3.00
Sherman & Pearson —Modern Bread from the Viewpoint of Nutrition	probably	$1.75
Nurses Aids Series	each	$1.10

Aids to Anatomy & Physiology for Nurses
Aids to Materia Medica for Nurses
Aids to Fever Nursing
Aids to Practical Nursing
Aids to Hygiene for Nurses
Aids to Tray & Trolley Setting.

McGILL
UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

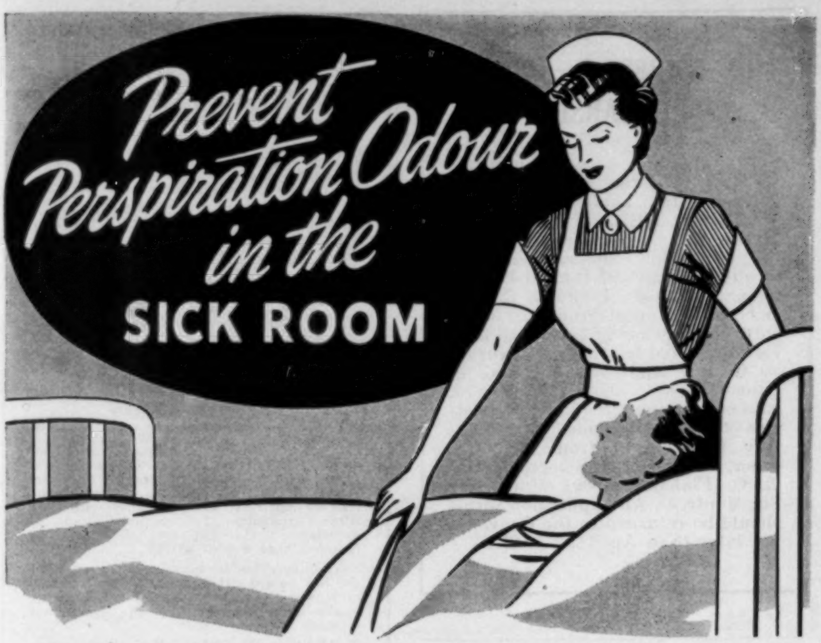
School for Graduate Nurses
McGill University, Montreal.

ROYAL VICTORIA HOSPITAL
Montreal
SCHOOL OF NURSING
Courses for Graduate Nurses

1. A four-months course in operating room technique and management is offered to a limited number of registered nurses who have already had operating room experience. Maintenance is provided. For further information apply to Miss Fanny Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal.

2. The following post graduate courses in obstetrical nursing and in gynaecological nursing are offered: Course A — a three-months course in obstetrical nursing; Course B — a two-months course in gynaecological nursing. Applicants may enroll for either or both courses. Maintenance and an allowance are provided. For further information apply to Miss C. V. Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal.

A certificate is granted on the successful completion of any of the above courses.

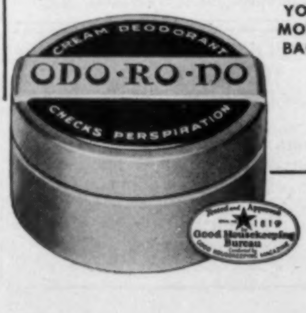

Prevent
Perspiration Odour
in the
SICK ROOM

ORODONO SAFELY STOPS PERSPIRATION

ONE TO THREE DAYS

Compare ODORONO Cream with any other deodorant you've ever tried!

Compare, first, the size of the jar . . . you get 1 FULL OUNCE — not just a half ounce — of ODORONO Cream for 39c! Now, compare the quality — if you don't agree that ODORONO Cream is the best deodorant you've ever tried, we'll give you **YOUR MONEY BACK!**


CREAM DEODORANT
ODO·RO·DO
CHECKS PERSPIRATION
Good Housekeeping Bureau

KEEP the sick room a pleasanter place for you and for your patient by stopping perspiration with ODORONO Cream. Apply ODORONO Cream as a regular part of your cleanliness routine—for yourself and for your patient. ODORONO Cream takes the odour from perspiration—is safe and pleasant to use.

- Non-irritating – use before or after shaving.
- Quick-vanishing – dries in a jiffy, takes but a few seconds out of your busy day.
- Non-greasy—doesn't stain bed linen or clothing.

AT YOUR DRUG OR DEPARTMENTAL STORE

THE MABEL F. HERSEY SCHOLARSHIP

The Alumnae Association Royal Victoria Hospital, Inc., Montreal, announces that applications for the MABEL F. HERSEY SCHOLARSHIP will be received again this year. This scholarship is open to any graduate of the Royal Victoria Hospital Training School and is for post-graduate work only. The work may be in any University School for Graduate Nurses or in any approved Hospital in Canada. The Scholarship has a value of two hundred and fifty dollars ($250.00). Application forms may be obtained from the Convener, Committee of Selection, Miss E. C. Flanagan, 3801 University St., Montreal. All application forms should be returned to the Convener **not later than April 23, 1942.**

A.R.N.P.Q. SCHOLARSHIPS

The Board of Management, **Association of Registered Nurses of the Province of Quebec** is pleased to announce that two Scholarships will be awarded this year, covering $350 each, to English- and French-speaking members in good standing in the Association wishing to follow post-graduate courses.

Application forms may be obtained at the office of the Association, **Ste. 1019, Medical Arts Bldg., 1538 Sherbrooke St. W., Montreal,** and should be returned completed before **June 1, 1942.**

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 27, 28, and 29, 1942.

Application forms and all information may be procured from the Registrar. Applications must be in the office of the Association by March 31, 1942.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about June 8, 1942.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.
1538 Sherbrooke St. West, Montreal.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on May 20, 21, and 22, 1942, at Halifax, Yarmouth, Amherst, Sydney, and Antigonish. Requests for application forms should be made at once and forms MUST BE returned to the Registrar by April 20, 1942, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

JEAN C. DUNNING, R.N., Registrar,
The Registered Nurses Association of Nova Scotia,
413 Dennis Building, Halifax, N.S.

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia will be held April 14, 15, and 16, 1942.

Names of Candidates for this examination must be in the office of the Registrar not later than March 14, 1942.

Full particulars may be obtained from:

EVELYN MALLORY, R.N., Registrar
715 Vancouver Block, Vancouver, B.C.

DOCTORS' and NURSES' DIRECTORY
212 Balmoral St., Winnipeg
A Directory for:
DOCTORS, and REGISTERED NURSES
VICTORIAN ORDER of NURSES
(night calls, Sundays, and holidays ONLY)
PRACTICAL NURSES
Twenty-four hour service.
P. BROWNELL, REG. N., REGISTRAR

WHAT TOOTHPASTE SHALL I USE?

Check **YOUR** *requirements for a good toothpaste!*

- ✓ It must clean efficiently
- ✓ It must have a pleasant taste
- ✓ It must be harmless to enamel
- ✓ It should make a cleansing, "foamy" lather
- ✓ It should be economical

KOLYNOS

Recommend **KOLYNOS**
DENTAL CREAM

THE KOLYNOS COMPANY . WALKERVILLE, ONT.

New *under-arm*
Cream Deodorant
safely
Stops Perspiration

1. Does not harm dresses — does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.

Arrid is the largest selling deodorant . . . Try a jar today — at any store which sells toilet goods.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 15 cent and 59 cent jars)

THE DRINK EVERYBODY KNOWS
Drink
Coca-Cola
Delicious and Refreshing

Maple Leaf Alcohols

Medicinal Spirits, Iodine Solution, Absolute Ethyl B.P., Rubbing Alcohol, Denatured Alcohol, Absolute Methyl

Adapted to hospital service. Tested precisely from raw materials to finished product. All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

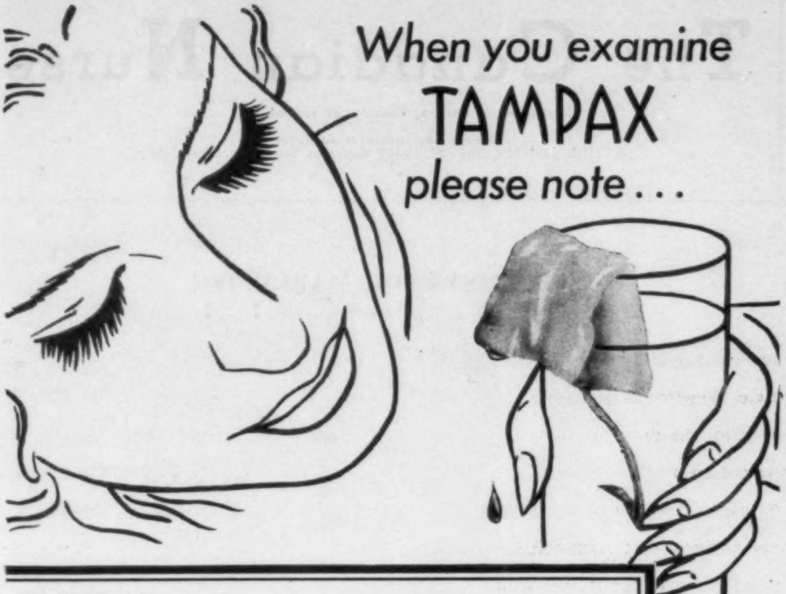
CANADIAN
INDUSTRIAL ALCOHOL
COMPANY, LIMITED
Montreal Corbyville Toronto
Winnipeg Vancouver

Identification

is easy with CASH'S WOVEN NAMES. Sewn on or attached with Cash's No-So Cement. Most Hospitals, Institutions, and Nurses use them in preference to all other methods. They are the sanitary, permanent, economical method of marking.

CASH'S 232 Grier St.
Belleville, Ont.

CASH'S NAMES | 3 doz - $1.50 | 6 doz - $2.00 | NO-SO Cement
9 doz - $2.50 | 12 doz - $3.00 | 25¢ a tube



When you examine
TAMPAX
please note . . .

POINT NO. 4:
HOW POSITIVE ITS WICK ACTION IN "SOAKING UP" THE FLUX

The high absorptive efficiency of Tampax is your patients' best assurance of dependable internal protection. For the strong capillary "wick" action of the tampon's long-fibre surgical cotton enables it to "soak up" the flux with active freedom, and transmit it evenly throughout its full length.

This property may be readily demonstrated by immersing one end of a dry opened tampon in a glass of water, with the other end hanging outside over the edge. The tampon, like a wick, unfailingly conveys water up over the rim to saturate the free end.

With the tampon inserted intravaginally, this positive wick action prevents any blocking of the flow—since, with equal sureness, it draws the menstrual fluid away from the cervix uteri.

The ease and convenience of using Tampax lend additional appeal to its efficacy. The compressed tampon may be inserted high in the vaginal vault by the simple operation of the individual applicator. Here it gently undergoes flat expansion, held intact by special cross-fibre stitching. A moisture-resistant cord facilitates gentle removal.

Have you tried the "water-test" for absorptive efficiency? The coupon is for your convenience if you need professional samples.

CANADIAN TAMPAX CORPORATION LTD.,
533 College Street, Toronto, Ontario.

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

CANADIAN TAMPAX CORPORATION LTD.
533 College Street, Toronto, Ontario.
Gentlemen: Please send me a professional supply of Tampax.
Name ....
Address ....
City T42-2

Note also—

1. *How easy it is for your patients to insert.*
2. *How flat it expands to fit the vaginal canal.*
3. *How gentle its contact with the vaginal epithelium.*
5. *How dainty it is for your patients to remove.*
6. *How well it is adapted to individual needs.*

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR MARCH, 1942

We Go Forward Together - - - - - - - - - - 159
New Ways in Wartime - - - - - - - *K. W. Ellis* 160
Jeanne Mance - - - - - - - *Sister Denise Lefebvre* 164
Acute Otitis Media - - - - - - - *A. A. Campbell* 167
Nursing Care in Otitis Media - - - - - *M. J. McInnis* 169
Notes from the National Office - - - - - - - 171
Some Newer Drugs - - - - - *Sister Francoise de Chantal* 177
Canadian Nurses Land at Cape Town - - - - - - 179
Watch Your Price Ceiling - - - - - - *G. M. Fairley* 180
Obituaries - - - - - - - - - - 181
Toronto Department of Public Health - - - - - - 182
Maintaining Standards of Public Health Nursing - *I. R. Chodat* 183
Industrial Nursing - - - - - - - - *H. Snedden* 185
A Week with the Hospital Health Service - - - *R. Watson* 187
Letters from Sweden - - - - - - - - *E. Lyster* 189
Book Reviews - - - - - - - - - - 191
News Notes - - - - - - - - - - 197
Off Duty - - - - - - - - - - 206

Subscription Price: $2.00 per year; foreign and United States of America, $2.50; 20 cents a copy.
Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.
Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

THIAMINE HYDROCHLORIDE

NICOTINIC ACID

PANTOTHENIC ACID

RIBOFLAVIN

PYRIDOXINE

THE BETTER KNOWN FACTORS

?

THE LESSER KNOWN & UNIDENTIFIED FACTORS

B-PLEX WYETH

The better known factors are present in Biological Balance with the lesser known and unidentified. B-Plex Wyeth supplies significant amounts of Biotin, Choline, Inositol, Folic Acid, P-aminobenzoic Acid and the unidentified factors as found in rice-bran extract — a potent natural source.

S.M.A. – BIOCHEMICAL DIVISION
John Wyeth & Brother (Canada) Limited • Walkerville, Ontario

Reader's Guide

Ever since the outbreak of the war, the Canadian Nurses Association has accepted its full share of responsibility for the promotion of our national nursing effort. The task is not an easy one but it is being tackled with courage and common sense. It is now apparent that there is need for a national emergency adviser who can co-ordinate and guide various projects which are either being contemplated or are already underway. **Kathleen W. Ellis** has recently been appointed to this important position and brings to it a high degree of competence as well as a wealth of experience. In this issue of the *Journal* she tells us what the principal objectives are and how they may be attained. There must be "New Ways in Wartime", and we must be willing to accept them.

Careful attention should be given to the many important matters to which reference is made in **Notes from the National Office**. A summary is given of the various reports presented at a recent meeting of the executive committee of the Canadian Nurses Association. These give an excellent picture of the projects which are energetically being carried on in every province of the Dominion.

Skilled nursing care is an important factor in the prevention and cure of otitis media. **Dr. A. A. Campbell** writes from the viewpoint of the physician and **Margaret McInnis** from that of the nurse. Dr. Campbell is chief of staff in the ear, nose and throat department of the Toronto General Hospital and Miss McInnis, a graduate of the School of Nursing of the Hospital for Sick Children is nurse-in-charge. These articles were obtained through the efforts of the staff nurses' committee of the Toronto General Hospital which, under the direction of Miss Mary Macfarland, has already obtained such excellent material for publication in the *Journal*.

A careful and informative study of some of the new drugs is presented by **Rev. Sister Francoise de Chantal,** a member of the teaching staff of the School of Nursing of the University of Ottawa.

Someone has said that, in time of war, nursing always comes into its own. The present conflict is certainly awakening public interest in the health of the people and, as a result, the work of the public health nurse is coming into prominence. **Isabelle Chodat** emphasizes the importance of sound preparation for those who are to enter this rapidly expanding field.

In another instalment of her delightful letters from Sweden, **Elizabeth Lyster** gives us a vivid picture of a pleasant people and a peaceful land.

We are indebted to **Rev. Sister Denise Lefebvre** for a vivid sketch of the remarkable career of Jeanne Mance. Sister Lefebvre is a graduate of the School of Nursing of St. Boniface Hospital, St. Boniface, Manitoba, and is now a member of the faculty of l'Institut Marguerite d'Youville in Montreal.

Plans are going forward for the **General Meeting** of the Canadian Nurses Association which is to be held in Montreal in June. Before you come to this beautiful old city, be sure to review the historical associations which will come to your mind as you walk about its streets. In the Place d'Armes you will find Hébert's fine statue of Maisonneuve. Grouped about its pedestal are the figures of Jeanne Mance and other heroic leaders. Do not throw away the picture which appears on the cover of this *Journal*. Later on it may serve to remind you of a happy memory.

» ANACIN «

Relieves
PAIN
Promptly
from
HEADACHE
NEURALGIC
and
RHEUMATIC
PAINS
ANACIN
FOR RELIEF

ANACIN is also of value in
RELIEVING PAIN ASSOCIATED WITH
FUNCTIONAL MENSTRUAL DISTURBANCES.

●

DOSAGE: ONE TABLET WITH WATER.
REPEAT IN ONE OR TWO HOURS IF NOT
RELIEVED. DAILY DOSE 3 TABLETS.

●

THE ANACIN COMPANY, WALKERVILLE

Not hard to take
nelson

BECAUSE IT HAS A PLEASANT TASTE! That's one reason why patients appreciate your consideration in recommending Para-Syllia, Abbott, when a laxative is indicated. It does not have that oily taste so disagreeable to many individuals, but on the contrary has a delicate flavor of which one does not tire. Likewise, its oil base is so finely divided that embarrassing oil "leakage" seldom occurs. Other important advantages are that it is an emulsion containing 80% heavy mineral oil against 35 to 65% for similar, widely advertised products; it pours readily and if desired can be mixed with liquid or solid food; its action is purely mechanical; and it contains no sugar or digestible carbohydrates, hence may be ignored in caloric calculations. Para-Syllia is supplied in 16-fluid ounce bottles either plain, for ordinary cases of constipation, or with 0.32% phenolphthalein for obstinate cases. Literature will be sent on request. ABBOTT LABORATORIES LIMITED, 20 Bates Road, Montreal.

Para-Syllia

The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT *NUMBER THREE*

MARCH, 1942

We Go Forward Together

Not long ago, in the City of New York, twenty-five women, all of them nurses, sat in conference round a large oval table. Presiding was Julia Stimson, president of the American Nurses Association and chairman of the Nursing Council on National Defense. The calling of that meeting was in itself a marshalling of the vast resources of American nursing for war service at home and abroad. This Council includes representatives of the American Nurses Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Army and Navy Nursing Services, the American Red Cross Nursing Service, and the Public Health Service of the United States.

In co-operation with other groups, the Council has already a considerable body of achievement to its credit. With the active assistance of the Public Health Service of the United States, a complete inventory has been taken of all nurses who are potentially available for duty in various fields of nursing. A far-reaching recruitment scheme, designed to attract 50,000 students for schools of nursing throughout the country, is already under way. Steps are being taken to set up co-ordinated State Nursing Councils on National Defense in all the forty-eight States. The Federal Government grant of two and a quarter million dollars is being allocated to various schools of nursing and departments of nursing in universities in order to augment the teaching personnel and broaden educational facilities. In other words, American nurses are displaying the capacity for enlightened planning and efficient organization which is so eminently characteristic of the nation as a whole.

Thanks to the courtesy of the Nursing Council on National Defense, the Canadian Nurses Association was also represented at this historic and inspiring conference. A brief outline of what we have accomplished in Canada was received with understanding and sincere appreciation. The statement that, in addition to meeting the demands for nursing service in the Royal Canadian Army Medical Corps, the Royal Canadian Air Force and the Canadian Navy, we have also recruited three hundred Nursing Sisters for our sister Dominion of South Africa was received with applause. Incidentally, it was mentioned that these Nursing Sisters had made an excellent impression during their brief stay in New York on their way overseas. Their smart appearance and military precision were admired by everyone with whom they came in contact and especially by the American nurses who so hospitably entertained them.

The appointment by the Canadian Nurses Association of Miss Kathleen Ellis as national nursing adviser received most favorable comment. It was evidently regarded as a thoroughly practical means of carrying out our plans for the expansion of educational facilities while at the same time affording expert counsel and assistance to hospitals and schools of nursing.

Fortunately ,the relationships between Canadian and American nurses have always been most cordial. Now that we are confronted by a common danger we shall continue to go forward together towards the achievement of our common task.

— E. J.

New Ways in Wartime

In her New Year's message which appeared in the January issue of the *Journal,* Miss Fairley very graciously introduced the Emergency Nursing Adviser when she announced her temporary appointment with the Canadian Nurses Association. Doubtless the readers of the *Journal,* and co-workers of this new appointee, will be interested in hearing more about the initial plans that have been launched. It seems very essential to share this information as the effort is distinctly a co-operative one.

To understand the purpose of the appointment one must turn back to the pages of the *Journal* and review the recommendations that resulted from the Joint Conference called by the Canadian Nurses Association and held in Montreal in September, 1941. It is significant to remember that the nine Provinces in Canada were represented at this meeting and that the recommendations were passed without a dissenting vote.

Before this article appears in the *Journal,* and indeed already, action has been taken in a number of provinces. Definite recommendations have been made and Canadian nurses are not slow to accept a challenge. Since the meeting in September, a great deal has been done to prepare the way for the Adviser who enters upon her new and very important duties with every confidence that she will receive most active support from nurses throughout Canada — support that is most essential to the success of the undertaking. Each provincial association has now been asked to appoint a representative member to work with the Adviser. A special advisory committee has been appointed by the Canadian Nurses Association. In the opinion of this committee, some of the recommendations should take precedence in the order in which they are considered. This is suggested with a view to obtaining more immediate action on those that are designed to meet the most urgent needs. This suggestion has been kept in mind in the following review of the recommendations:

It is recommended that a wide approach be made now to the directors of nursing schools and that the directors of these schools select now, for post-graduate courses next year, certain graduates (or seniors very nearly at the end of their training). When this is indicated, it is recommended that the directors plan a programme of experience for these selected people to occupy the months intervening before the post-graduate course starts and that the directors help the selected students to make the necessary financial arrangements. It is further recommended that, through careful and immediate planning, better and fuller use be made of facilities for existing post-graduate courses. The following points are stressed: (a) *the enrolment of more candidates;* (b) *the better selection of candidates;* (c) *the development of particular post-graduate courses which may be needed to meet new demands upon the nursing profession.*

With a view to ensuring the early selection of nurses for post-graduate courses in university schools of nursing during the coming year, it is recommended that an individual approach be made at this time to authorities in approved schools of nursing in *each* province. The soundness of the recommendations will appeal to the harassed superintendent of nurses who has sometimes sought in vain for nurses to fill positions that demand special qualifications, but boards of directors, alumnae associations and others must also be convinced and interested — not only in finding suitable nurses to take post-graduate work, but in securing financial assistance for them, if this is necessary. Promising nurses themselves must be guided to take a long-range point of view and to prepare themselves to give immediate support and also to share the responsibilities of rehabilitation that will follow later.

While it is felt to be desirable to make the appeal as far-reaching as possible, it is necessary that the nurses selected or post-graduate work in universities meet the qualifications of general education. Their professional qualifications should also be adequate as evidenced by the record of their basic course, and any further experience that they have had as graduate nurses. It is hoped that every recognized school in Canada will secure at least one nurse. It is expected that schools with greater educational and nursing resources will find a larger number from their graduating classes and alumnae. The aim is to secure nurses who have demonstrated their ability for leadership and who have shown that they are possessed of qualifications that recommend them as desirable candidates for post-graduate work. With reference to financial assistance, in addition to the Loan Fund established by the Canadian Nurses Association, financial aid may be sought from the boards of directors in hospitals and schools, alumnae associations, and other nursing or even lay organizations.

Thought may well be given at this time to the recommendation "that particular post-graduate courses be developed". This would include post-graduate courses in medical and surgical nursing, operating technique and other specialities which demand preparation for administrative, supervisory and teaching duties. Such courses would be centred in the hospitals offering the necessary opportunities but might also be linked up with university schools of nursing. The nurse would then register as a *student* and obtain the experience that is essential for her development which should be studied apart from the service requirements of the hospital. With the appreciation of the need for such courses, there is every assurance that an enthusiastic response would support this development.

It is recommended that conditions most fundamental to the welfare of student nurses and to their professional education be improved, and thus attract better candidates to nursing schools. The special points approved are (a) *the eight-hour day and the ninety-six hour fortnight be applied at least during the preliminary term;* (b) *the permitting of student nurses to live at home at least during the preliminary term.*

In view of the increasing number of calls being made for women to serve in other fields, it may be well that the number of applicants to schools of nursing may decrease. Careful and analytical consideration of conditions most fundamental to the welfare of the student nurses and to their professional education is very essential, if desirable young women are to be attracted to nursing in requisite numbers. Hours of duty and living conditions are outstanding factors that may influence a decision for or against nursing.

Much has already been done in Schools to add to the comfort of student nurses and to safeguard their health, but in some schools much has still to be accomplished. Superintendents of nurses and others in authority have made valiant efforts to secure improvements, as seen in many of the new buildings, additions and alterations that have come into being during recent years. Hours of duty have been reduced, but continue to be too long in most instances. As a definite step it is now recommended that eight hours in any one day be the maximum period for which these students in the preliminary course should be posted, including ward duty, classroom and study periods. A whole day off duty at least once a week is surely very desirable. Living conditions also present problems in many situations, both in order to meet immediate needs and also when any increase in personnel is considered. Hence the recommendation that students be permitted to live at home at least during the preliminary period, when feasible.

It is recommended that in service education be extended and enriched. One suggestion is that a visiting instructor be made available to improve the clinical teaching of inexperienced head nurses and instructors.

The extension of educational opportunities for members of the nursing staff is felt to be one means of stabilizing nursing services and of filling in gaps that inevitably have been created during the present crisis, when many specially prepared nurses have volunteered for military and other service. Surely it is a significant tribute to advanced preparation, that so many specially qualified nurses have received signal recognition when these appointments have been made. The possibility of the nurses in neighbouring provinces joining forces to secure the services of a visiting instructor seems very well worth considering. An alert and experienced teacher could first evaluate the educational resources of the school and indicate how they might be used to the best advantage. Then she could plan to supplement them as seemed best in the circumstances.

It seems that the time has come when every effort should be made to urge nurses whose services are recognized to be of special value in certain situations, to weigh carefully their responsibilities before relinquishing positions and work for which they are specially prepared and are needed. Calls for overseas service must, and will, be answered, but military authorities have stated that few of the positions overseas now suggest the need for nurses with special preparation. With this assurance, may it not be possible that future calls will be for nurses who have been engaged in bedside nursing rather than in administrative, teaching and supervisory duties?

It is recommended that married and retired nurses be recalled to active service, and that some method be arranged for bridging the gap for those who have been away from service for some length of time.

It is understood that courses for married and inactive nurses have been organized in a good many centres throughout the Dominion and that this development has met with an enthusiastic response. A double purpose may be served by such courses by placing on reserve a corps of experienced and mature women who have signified their willingness to help in any emergency and renewing their interest in the needs of the hospitals and schools. Therefore, it would seem that every effort should be made to improve and extend relationships with this group. It is felt that this source of help may well be thoroughly explored, but that short courses and other abortive measures for meeting the present and future needs should be approached with caution. It has been suggested that courses of lectures for married and inactive nurses may well be supplemented by practical experience in wards and in departments of local hospitals.

It is true that some problems of service in hospitals may be relieved by the ward aide, or housekeeper, but in the interests of the public and of the profession the service of these workers should be definitely restricted to duties that are of a non-educational nature. Nursing responsibilities should not be delegated to them. It is believed by many that mature women of the older age-group are the most satisfactory for this type of work.

It is recommended that general duty nurses be given better professional status as members of the nursing staff of the hospital and that consideration be given to a higher rate of remuneration for their services.

Almost insidiously the general duty nurse has crept into the hospital service. Today she is an indispensable part of it. It seems most reasonable to urge that her status should be improved. There are many ways in which her invaluable services may be recognized. In the programme of in-service education it is recommended that her special needs and interests be considered. Recognition of her services through higher remuneration and reasonable hours of duty is quite essential. A sliding scale of salary and possibilities of promotion are incentives that may well be offered to this invaluable member of a hospital staff. In considering the status of the general duty nurse the recommendations that appear in the report of the Nursing Committee of the Canadian Hospital Council offer some very pertinent suggestions. They are recommendations adopted by the American Nurses Association and National League of Nursing Education, but are applicable to situations in Canada, especially if the services of our nurses are to be retained in this country.

It is recommended that the policy of the central preliminary school be approved and that such schools be set up in one or more centres where it seems advisable to undertake the experiment.

The policies regarding the central preliminary school are still to be worked out. It is an interesting recommendation and not too fantastic to interest some enterprising groups. The establishment of even *one such school in Canada* would provide a field for research and possibilities of further developments along similar lines. This plan is designed not only to ensure more thorough instruction, but to relieve the demands made upon the teaching personnel and to release the student nurse from prolonged periods in the classroom during her hospital experience, at least in the preliminary course.

Conclusion: In carrying on her work the Emergency Nursing Adviser is looking forward to the many personal contacts that are felt to be most important. It is planned that she will visit each province in Canada. Even before this article appears it is hoped that a more detailed announcement of the Adviser's itinerary will have to be made. A review of these Recommendations makes it apparent that their implications are far-reaching. They not only affect the present crisis, but anticipate the period of reconstruction that must follow. They touch problems that are of intimate concern to every nurse in Canada.

KATHLEEN W. ELLIS,
Emergency Nursing Adviser,
Canadian Nurses Association.

Jeanne Mance

SISTER DENISE LEFEBVRE

The Bayeux tapestries, purchased with enormous sums and used to adorn the castles of the nobles and the palaces of kings, are world famous. These works of marvelous skill reproduce the deeds of Crusaders and the miracles of saints. Have you ever heard with what infinite care these tapestries are woven? The weaver sits at his loom, over his head hangs the design or model that he is to reproduce, a thousand threads of various colours and lengths are within reach of his deft fingers. With his eyes constantly riveted upon the model, he works the threads, interlacing them, intertwining them, weaving the woof of colour into the warp of shade, and through the grooves of the loom sending the shuttle to and fro, knitting piece to piece of the design. He looks only at the rougher side of the fabric while it rolls slowly, inch by inch, around the transversal roller. Until his work is completed, the weaver sees only the rough edges, the untrimmed knots and threads, of the reverse side of his tapestry. But after its completion, when he unrolls the canvas, he can admire, for the first time, the result of his skilled labour.

JEANNE MANCE

Now that three hundred years have

elapsed since the foundation of Montreal, let us, like the Bayeux tapestry weaver, unroll and admire one of the most beautiful and inspiring canvases depicting, with its lights and shadows, the life-work of a great heroine in Canadian history, Jeanne Mance. In the seventeenth century, every person in France was talking about that New France away off in the unknown lands beyond the sea. The Religious Orders were burning with zeal for the conversion of the Indians. The Canadian missions were the talk of the Court, and ladies of noble birth asked no greater privilege than to be allowed to spend their fortune to aid in christianizing the dusky races of the New World. These stories reached the ears of Jeanne Mance, the daughter of a magistrate of the Province of Champagne, then thirty-four years of age, who had felt from childhood the desire to consecrate her entire life to the service of God.

Her religious sentiments seemed always to have drawn her, not towards the cloister and its seclusion from the world, but rather towards suffering humanity. Now that her father and mother were dead, her sisters and brothers all grown up and established in life, Jeanne had no longer any domestic and family ties to restrain her. She therefore resolved to go to Canada in order to work toward the civilizing and christianizing of that colony. Long and severe was the struggle she had to sustain against the opponents of her calling, a struggle that might easily have turned one of a less heroic character away from the path that she considered to be traced for her by the finger of God. Nothing daunted her, however, and at last the eventful morning dawned when she was permitted to leave France. It was a glorious day in June, when all nature seems to smile in the fullness of the year. After almost two months of perilous sea-travel and nearly a year of stay at Quebec, she set out for Ville-Marie. It was on a beautiful day in the lovely month of May that Jeanne Mance and her companions arrived at Montreal. From that day, she lost no time in getting down to work. The great need of the colony was some sort of hospital to care for the settlers and Indians. Jeanne Mance, although not a so-called "trained nurse", undertook this work. The first patient for her hospital, which was not yet erected, was a colonist victim of the cruel Iroquois. She took care of him in her own home which she utilized until it could no longer accommodate the increasing number of patients. Then a separate building, made of the rough pines of the forest, was erected and called the Hotel-Dieu. Quite small, but sufficient for its purpose, the litle hospital consisted of a kitchen, a room for Jeanne Mance, a room for her servants, and two large rooms for the sick. Nearby, a Chapel was built.

The continued warfare of the savage Indians supplied the Hotel-Dieu with a constant flow of patients, all more or less dangerously ill, and all in continual need of treatment and nursing. Frequently it happened that Indians were severely wounded and left on the field of battle. These were carried to the hospital and cared for by Jeanne Mance. But so ungrateful were they, and such was the wickedness of their nature, that they invariably made trouble and sought to repay by direst deeds of savagery all the kindness showered on them. So true was this, that M. de Maisonneuve often had to station one or more soldiers in the wards in order to protect the patients and the nurses from the attacks of the convalescent Indians. These conditions did not discourage Jeanne; she served the sick, whether friends or enemies, with the same self-sacrificing devotion, her sole object being to direct toward Heaven the minds of the afflicted while with untiring zeal she cared for their physical ailments, and thereby transformed philanthropy into charity.

So great was her desire to convert the Indians that more than once she and other distinguished persons of Ville-Marie arranged a festival for the Iroquois. By these means she succeeded in obtaining a little peace for the colony, and in converting some of these terrible enemies. These conversions were a great compensation for all the trials and sufferings that she had to endure. So numerous and so constant were these trials and sufferings that some of the best disposed people of the time were urged to ask: "Why does she not give up a mission that is so evidently hedged in with impossible conditions?" But Jeanne silently and ever actively continued along the way that she knew would lead to final success. In 1659 she went back to France and returned with three Sisters of the Hospitallers of St. Joseph. She herself did not regard the hospital as truly founded until the arrival of these women. The founding of the Hotel-Dieu in Canada is the most outstanding achievement of her life, and it stands to our day a monument of that courageous and noble woman who devoted her life to the care of the sick.

In 1642, Father Barthelemy Vimont, S. J., after celebrating the first Mass at

Courtesy of Montreal Tourist and Convention Bureau

Treasured possessions of Marguerite Bourgeoys, a friend of Jeanne Mance, may still be seen at St. Gabriel's Farm. Built about 1689, it is the property of the Religious Order of which Marguerite Bourgeoys was a member.

Montreal, had addressed Jeanne Mance and her heroic companions, saying, "You are as a grain of mustard seed that shall rise and grow till its branches overshadow the earth. You are few, but this work is the work of God. His smile is upon you, and your work shall fill the land." When Jeanne Mance died in 1673 in June, she could perceive that the seed she had sowed in suffering and adversity would take deep root in Canadian soil, and that it would come forth from the earth to develop into a noble tree, and indeed today it rears its sublime head amidst a wilderness of institutions, and its name is the Hotel-Dieu of Montreal.

While unrolling the precious imaginary canvas, depicting the life of Jeanne Mance, we have shown that the heroine wove her career with skill and patience, with confidence and perseverance, her eyes fixed upon the model, Our Lord Himself, whom she saw in the persons of the poor and the sick. Her unwavering faith was the bright shuttle which moved through all the complex and numberless threads of activity with which she wrought the lights and shadows in the fabric of her achievement. She went forth to her reward, but under the shelter of the institutions she founded, hundreds of thousands of the weary, the faint, the sick, the wounded, the stricken, the agonizing and the departed, from generation, to generation, have found repose, care, protection, temporal relief, or cure, and frequently eternal salvation. This heroine is not dead; she lives in her work; she lives in the heart of the Community that carries on her work; she lives in Canadian history; she lives in the history of nursing; she lives above all, with God.

Acute Otitis Media

Angus A. Campbell, M.B., L.R.C.P., L.R.C.S. (Edin.)

Acute otitis media may be catarrhal or suppurative and in the early stages it may be difficult to differentiate between them. In the acute catarrhal type there is the usual history of a head cold or one of the acute fevers followed by stuffiness and clicking sounds in the ear. There is impairment of hearing, a hissing or throbbing noise and a varying degree of pain sometimes rather severe. Sometimes blebs form on the drum or inner part of the canal and when these rupture a blood stained serum is discharged which may be mistaken for a middle ear abscess. This condition tends to get well of itself although the patient may get considerable relief from warm 50% B. P. Keith's dressing, local heat and, as the acute symptoms subside, gentle inflation of the ear. Patients with head colds should be cautioned against violent blowing of the nose or douching the nose under pressure lest infection be forced up the Eustachian tube to the middle ear. Injury to the ear may rupture the drum causing partial deafness and a discharge of blood or even cerebrospinal fluid. Dry sterile dressings only should be used as drops or syringing may carry infection to the middle ear.

If the catarrhal condition progresses and the symptoms increase suppuration takes place. Some of the pus and mucus may drain down the Eustachian tube but the amount is usually too great and the drum begins to bulge. The drum may rupture or may require to be incised. In most cases of acute suppurative otitis media, there is some involvement of the mastoid antrum and mastoid cells with pain and tenderness over this area but this usually subsides with heat and sedatives. Acute suppurative otitis media is a self-limited disease and tends to get well in about two weeks. The discharge at first is thin and blood stained but as nature walls off the infected area it gets thicker and diminishes in amount. Treatment consists in keeping the ear free of discharge preferably by wiping, always being careful not to wipe off the delicate skin in the canal which becomes soggy from the discharge. Mild antiseptics such as weak alcohol drops are helpful. Chemotherapy should not be used in the ordinary mild case but should be reserved for the severer cases with complications.

In nursing acute suppurative otitis media constant watch must be maintained for complications. If the pain persists, especially at night, bone inflammation must be suspected. If the discharge is profuse and continues longer than three weeks mastoid infection must be considered. If the temperature keeps up, drainage is not sufficient and if fever remains constantly high with constant severe headaches and vomiting meningitis must be thought of. If the fever is of the swinging mountain peak type, accompanied by chills, thrombosis of some of the veins or lateral sinus must be suspected. Profound deafness is not a good sign and if it is accompanied by dizziness, vomiting and spontaneous nystagmus some form of labyrinthitis is present.

Operations on the mastoid are of two main types: the simple, and the radical operations. The terms simple and radical are confusing as sometimes more extensive operating is done in a simple than in a radical. The simple operation is done in the acute case while the radical is done on the chronic case and the radical part applies to the middle ear. The remains of the drum, malleus and incus are removed in the radical operation and the mastoid antrum, together with the aditus and middle ear, are made into one cavity which is drained through an enlarged external auditory canal and the wound closed up behind the ear. After a radical operation a dry ear is the usual result and the hearing, while never normal, is about the same as before the operation. The patient is much less liable to serious infection after a radical operation than before.

The simple mastoid operation is done on the acute case and except in fulminating cases is not done till two or three weeks have elapsed. In other words it is not done until the infection has been walled off by nature. The usual preparation is made behind the ear, shaving the scalp at least an inch beyond the hair line. A circular incision is made behind the ear, the bone exposed and the mastoid cells opened. All the diseased bone is removed, often exposing the dura above and the lateral sinus behind. If the lateral sinus is found to be diseased the vessel should be opened and the clot removed and the cavity securely packed. The jugular vein may be tied although opinions differ on this procedure. The wound is packed with iodoform gauze and partly closed. The outside dressing may be changed in forty-eight hours but the packing in the wound may be left from five to seven days before changing. The surgeon is always hopeful that the ear will be dry at the first mastoid dressing and if it is he knows all the cells have been drained. Mild infection in the wound is common and stitches cannot often be left in longer than five days. Rarely, erysipelas develops in the wound but is not usually dangerous. Any or all of the complications of otitis media referred to above must be watched for.

Mastoid operations are done for two main purposes—one to save life and the other to save hearing. The life saving operation is done to drain and prevent a serious invasion of the skull, and the other is done to prevent an acute mastoid process from developing into a chronic one with the consequent chronic discharge from the ear and gradual but sure destruction of hearing.

Nursing Care in Acute Otitis Media

MARGARET J. McINNIS

In discussing the nursing of otitis media it is well to review some of the predisposing causes. The so-called common cold, so often scorned, is the chief cause. Adenoids, if neglected, may lead to chronic discharging ears. Infections encountered in swimming tanks, scarlet fever and measles are some of the common causes. The nursing care in acute otitis media is very important. The temperature is usually very high. Therefore, the patient must be kept strictly in bed and given plenty of warm, sweetened fluids to drink. The physician may prescribe one of the sulphanamide drugs, in which case a daily urine specimen must be sent for examination. If the eardrum is red and inflamed a fifty percent solution of Keith's dressing may be ordered to be instilled into the canal. This is always warmed to body temperature before use as it lessens the shock and discomfort to the patient.

If the middle ear is discharging it is very necessary to have the canal wiped *entirely* free of discharge at frequent intervals, the frequency depending on the profuseness of the discharge. The order may be written for dry wiping every three or four hours but a good nurse proves herself by keeping the canal free of discharge. Sixty-five percent alcohol, or what is known at the Toronto General Hospital as Rx 503, is instilled into the canal after dry wiping as an antiseptic and a drying agency. Rx 503 is a compound of alcohol, boracic acid, liquor bichloridis and glycerin. If the patient is well enough, he may assist by changing, at intervals, the absorbent placed loosely at the canal opening. A bland ointment, such as vaseline or twenty-five percent unguentum hydrarg. ammonium, may be applied to the canal to prevent the absorbent adhering to the skin, also to prevent excoriation from excessive discharge. The patient may need a fairly heavy sedative at first. Heat applied externally may also help to relieve the pain.

After the ear has started to discharge the pain is greatly relieved and the temperature begins to drop. If this is not the case then the patient must be watched closely for complications. A two-hourly temperature chart is often helpful. Chills are most significant; anything from a severe rigor, in which the patient shakes the bed, down to the merest suggestion that the patient feels slightly chilly may be of utmost importance. If, coupled with a chill, the patient's temperature rises sharply to 103 degrees or over and in twelve hours or less declines to 98 degrees a thrombosis of the lateral sinus is evident. At this time the surgeon may tie off the internal jugular vein and evacuate the infected clot.

Meningitis, another complication, is suggested by continued high fever, flushed appearance of the face, increasing restlessness and stiff neck. Brain abscess may also show these symptoms plus an increasing aphasia. A marked swelling in the neck below the mastoid process should be reported to the doctor at once. This is what is known as a Bezold's abscess caused by the infection breaking through the tip of the mastoid process into the soft tissues of the neck.

If the patient runs a normal course after the ear has once started to discharge, complete healing should be evident in from ten days to two weeks. If at the end of two weeks the patient still complains of headache and a feeling of fullness in the ear, with or without discharge, a mastoid operation is indicated.

The post-operative nursing care of a mastoid operation is comparatively simple but the nurse must be ever alert for signs of complications. If the case is straightforward the patient may be up and about in five or six days following operation. The nurse does not do a mastoid dressing in the Toronto General Hospital unless hot boracic compresses are ordered as a treatment. The doctor does the routine dressing in order to replace the iodoform gauze packing in the mastoid antrum for drainage. When applying hot compresses, care must be taken not to disturb this strip of gauze.

Erysipelas may be a complication of mastoid operation. This is evidenced by persistent high fever, pain and increasing redness. The patient should be isolated very strictly from all other surgical cases. Facial paralysis may occur following operation due to injury of the facial nerve. It is not so frequent in the simple operation as in the radical operation. Since the advent of the sulphanamide drugs the incidence of mastoid operations has considerably lessened; or it may be that preventive measures are being more widely taught and adhered to. The quickest way to cure a disease is to prevent its occurrence.

A Thousand Took this Course

At the request of the Central Registry for Graduate Nurses, the School of Nursing of the University of Toronto recently offered a course of six lectures dealing with recent developments in selected fields related to nursing practice, namely, medicine, surgery, obstetrics, paediatrics, psychiatry, and nutrition. In each instance the lecturer, a specialist speaking with authority, reviewed what is new in his specific field. The response of the private duty group has been without precedent: an enrolment, all told, of over a thousand. This has been due partly to a wide-spread need felt for this teaching and partly because the lectures on six successive weeks have been given at 1.30 p.m. and repeated at 8.30 p.m., thus permitting those who could not attend in the evening to do so in the early afternoon. In addition to strong support from the Registry, the private duty section of District 5 of the Registered Nurses Association of Ontario has assisted through appropriate publicity. The course has been an outstanding success from the point of view of both content and attendance, and augurs well for similar service which the School hopes to render in future.

Miss Jessie Wallace, chairman of the Council of the Central Registry for Graduate Nurses, wishes to express the sincere gratitude of the whole private duty group to Miss Florence H. M. Emory, associate director of the School, and to Miss Carruthers, the chief registrar of the Central Registry.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

National Memorial Service for Nurses

Since Canada's War Memorial was unveiled in Ottawa, Remembrance Day ceremonies are held at the Memorial rather than as formerly at the Parliament Buildings. It had become customary for the Canadian Nurses Association and the Overseas Nursing Sisters' Association of Canada to arrange for a brief service before the Nurses National Memorial in the Hall of Fame immediately following the annual Remembrance Day ceremonies on Parliament Hill.

Due to the change in place for the National Remembrance Day ceremonies, the Canadian Nurses Association conferred with the Overseas Nursing Sisters' Association of Canada as to a commemoration service being observed throughout this Dominion on a date of special significance to nurses.

As a result of discussion by the two National Organizations, the general plan agreed on is that a Vesper Service be held across Canada on the first or second Sunday in May each year, the date to be specified annually. It is suggested that all graduate nurses and the graduating classes in schools of nursing attend this service which should serve as a rededication of nurses to nursing.

This year **Sunday, May 10th,** has been chosen as the date on which the first Vesper Service will be held. It is now urged that nurses' organizations in cooperation with schools of nursing should become responsible for arrangements in their own localities. It is most fitting that this first service of rededication be held when Canadian nurses are serving with the Empire's Armed Forces as well as making every effort to meet the needs of the Home Front.

The Canadian Nurses Association and the Overseas Nursing Sisters' Association of Canada will continue to place the customary floral tributes at the Nurses National Memorial on Remembrance Day, while the nurses of Ottawa will participate in the ceremony at the National War Memorial on the same day.

Executive Committee Meeting

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver on January 23-24, 1942, at which those present were the president, Miss Grace M. Fairley, Miss Chittick of Alberta; Misses Duffield, Innes, McQuarrie and Kerr of British Columbia; Miss Diederichs of Saskatchewan and the honorary secretary, Miss Kathleen Sanderson. A brief summary of the reports adopted at the meeting follows:

The Committee on Nursing Education reported the preparation of additional teaching material for the use of nurses teaching first aid classes; the revision of the Home Nursing Manual of the St. John Ambulance Association; the further compilation of schools of nursing records and the study of existing post-graduate courses in hospitals.

The Committee on Eight-hour Duty

for Nurses continues to function, although the members do not think it expedient at this time to stress unduly the question of shorter hours for nurses during the present crisis. Following recommendations which resulted from the joint conference of the Executive Committee of the Canadian Nurses Association and representatives of the University Schools of Nursing held on September 30 — October 1, 1941, members of the committee have been urged to take advantage of opportunities which may arise to further the objectives of the committee.

Following the resignation of Miss Jean Church, the Executive Committee appointed Miss F. Munroe as convener of the ***National Voluntary War Services Advisory Committee.***

Syllabus Committee: From information received it is apparent that, in a number of the provinces, the supply of young women for whom the Syllabus for Training Voluntary Aide Detachments was prepared may not be available in many parts of the Dominion. Letters will be sent to the provincial associations in order to secure information re the ability of hospitals to give experience to voluntary workers, either whole or part-time; the supply of volunteers in both rural and urban communities; the provincial needs for auxiliary helpers in hospitals and other institutions caring for the sick.

The Committee which was appointed to select suitable nurses for the Orthopaedic Unit for Scotland will continue to function until the unit returns to Canada in order to deal with any matters relating to the welfare of the nurses.

The Hospital and School of Nursing Section reported that a study of provincial examinations for the registration of nurses is being carried out by the Committee on Instruction with the object of preparing for a more uniform and satisfactory system of examination throughout Canada. The convener of this Committee is Miss Marion Gibson, instructor of nurses, Hospital for Sick Children, Toronto. Miss Gertrude Ferguson has been appointed National Convener of Publications for the Section.

The General Nursing Section reported that most provinces have experienced difficulty in obtaining general duty nurses while New Brunswick and Nova Scotia reported a definite shortage. In most instances this seems due to inadequate remuneration. A survey of registries is being carried out, a report of which will be presented at the General Meeting in June.

The Public Health Section is continuing its study of the minimum qualifications at present required throughout Canada for the employment of public health nurses. The basis of this study was a report of a special committee, which was presented last summer to the Public Health Nursing Section of the Canadian Public Health Association. A summarized report of the number of public health nurses in Canada appeared in the January issue of the *Journal.*

Mobilization of Health Resources: At the request of the Canadian Medical Association the Executive of the Canadian Nurses Association has appointed Miss Gertrude Hall of Manitoba as its national representative to a Committee for the Mobilization of the Health Resources of Canada. Each province appointed a representative to a provincial sub-committee: Alberta, Miss Viola Leadlay; British Columbia, Miss Heather Kilpatrick; Manitoba, Miss Frances King; New Brunswick, Miss A. J. MacMaster; Nova Scotia, Miss Lenta Hall; Ontario, Miss Ethel Cryderman; Quebec, (English-speaking) Miss Winnifred MacLean; (French-speaking) Miss Evelyne Gauvin; Saskatchewan, Miss Matilda Diederichs.

International Council of Nurses: The President has received an interesting Christmas greeting from the International Council of Nurses with a photograph of Miss Taylor, Miss Schwarzenberg and Miss Banworth. Miss Taylor has written also that Mlle de Joannis, second vice-president of the International Council of Nurses and president of the French Nurses, is well and carrying on her school, which is now affiliated with the American Hospital in Paris.

Provincial Associations: Reports were received from several provincial associations, each of which reported: the attendance at various refresher courses shows that nurses are interested in meeting present and future needs; that plans are being carried out in these provinces for the organization of civilian defence and that the teaching of A.R.P., first aid and home nursing classes continues.

The Registered Nurses Association of British Columbia is making progress in plans for the revision of the Act of Registration. Work on the organization of districts and chapters continues, there now being a total of twenty-eight. Mrs. E. B. Thomson has been appointed convener of the General Nursing Section following the resignation of Mrs. Hansom. An intensive study has been carried on throughout the province of the recommendations from the joint conference, held September 30-October 1, 1941, of representatives of University Schools of Nursing and the Executive Committee of the Canadian Nurses Association, following which a special committee has outlined specific suggestions for implementing the recommendations. Committees are active in: (1) the organization of a Community Nursing Service Bureau; (2) revision of charges for Private Duty Nurses in different types of service; (3) outlining duties for subsidiary workers in hospital; (4) preparing an outline of lectures on public health which will be used as a basis for classes of women's voluntary organizations, if and when such classes are requested.

The Manitoba Association of Registered Nurses reported that it has arranged for married and inactive nurses to spend four weeks in observation on hospital wards when they have completed a special refresher course. A minimum curriculum for schools of nursing in Manitoba has been released. Superintendents of nurses have approved the standardizing of records for schools of nursing.

The Executive Committee of the Registered Nurses Association of Nova Scotia has decided to accept a sworn statement as to educational qualifications and hospital diploma from candidates for registration who have lost their credentials due to capitulation of their native countries. Inquiries will be made of the exiled governments concerning the standing of the schools. Special efforts have been made to increase enrolment of nurses for emergency and disaster, and the Branches are attempting to stabilize the hours of duty and rates of pay for private duty nurses.

The Board of Directors of the Registered Nurses Association of Ontario was requested by the provincial medical advisory committee of the Civilian Defence Committee to draw up an outline of a syllabus for voluntary aides in hospitals under the Civilian Defence Committee. These aides may be used in time of emergency in the hospitals where they have had experience. A number of superintendents are of the opinion that the syllabus now in use for Voluntary Aide Detachments is too extensive in outline.

The Association of Registered Nurses of the Province of Quebec will hold its twenty-second annual meeting on May 15th, for one day only in view of the General Meeting of the Canadian Nurses Association being held in Montreal June 19-27, 1942. Plans have been completed for reciprocal registration with the General Nursing Council for England and Wales, ratification of which is expected in the near future. The Hospital and School of Nursing Section (English-speaking) is planning a course in normal nutrition for graduate nurses and senior students, and reports increased activity in preparation of papers for publication in *The Canadian Nurse*. The Public Health Section (French-speaking) announces a course in normal nutrition which began on February 23rd.

The Council of the Saskatchewan Registered Nurses Association, after consultation with the Departments of Education and Public Health has recently approved (with certain recommendations) the outline of a course for home and convalescent aides which will be taught by registered nurses at some of the technical schools. Recommendations which were approved at the Joint Conference of the Executive of the Canadian Nurses Association and representatives of University Schools of Nursing were forwarded to superintendents of nurses and made available to others who might be of assistance in putting these recommendations into effect. Classified lists of graduate nurses have been given to nurses in key positions throughout the province so that they will be available in the event of an emergency.

Membership

The by-laws of the Canadian Nurses Association require that the annual affiliation fees by the provincial associations of registered nurses be sent to National Office by January 31st. Those fees are estimated on the provincial membership for the previous year. According to the returns received during January 1942, the number of members in each provincial association is as: Alberta, 1472; British Columbia, 2840; Manitoba, 1539; New Brunswick, 641; Nova Scotia, 1035; Ontario, 5171; Prince Edward Island, 118; Quebec, 4232; Saskatchewan, 1218. The total membership of the Canadian Nurses Association shows an increase of three per cent to that of 1941.

General Meeting

The General Meeting 1942 will be the twenty-first time for the nurses of Canada to hold a national meeting. Four of the previous twenty meetings have been held under war conditions and the records show that at each of those four conventions the attendance was gratifyingly large. Therefore it is urged that each provincial association of registered nurses will make an effort to send as many representatives as possible to the next national meeting which is to be held in the Windsor Hotel, Montreal, from June 22-26, 1942, with the Executive Committee meeting on June 19, 20 and 27.

The Association of Registered Nurses of the Province of Quebec is arranging for a type of social relaxation suitable to wartime conditions. The Programme Committee has under preparation an agenda by which the activities of the National Organization during the past biennium can be reviewed under a minimum of time, thus allowing for lengthy consideration of the more immediate serious problems and for plans for future activities of the nursing profession throughout the Dominion. It is anticipated that a tentative outline of the programme and arrangements will be published in the April issue of the *Journal*.

The rates offered by the Windsor Hotel to nurses who register for the General Meeting are: single rooms,

$4.00 — $4.50; double rooms, $3.00 each; 3 persons in a room, $2.50 each; 4 persons in a room, $2.25 each. All rooms have connecting baths. Early reservation for accommodation is recommended.

General de Gaulle thanks Canadian Women

The signature of the Canadian Nurses Association was added to a Christmas message sent through the British Broadcasting Corporation by the women of Canada to the women of France. In acknowledgment the following message of appreciation was received from General de Gaulle:

> The touching expression of solidarity which the women of Canada have addressed to Frenchwomen at Christmas time has been a great comfort to them in the midst of their suffering. The women of France naturally feel as sisters toward the Canadian women who share the common suffering in their lives and affections—occasioned by the war which the Free Countries are obliged to fight in order to realize for the world the promises of happiness signified in the celebration of the Christmas festival. I thank profoundly the women of Canada and the associations which represent them.

Gasoline Sale Restrictions

The following information which has been secured from the office of the Oil Controller of Canada, is published for the benefit of nurses who must use automobiles in carrying on their professional duties. To obtain gasoline on or after April 1, 1942, for the operation of a motor vehicle required to be licensed or registered for highway use, it is necessary to apply to the Oil Controller of Canada or his agent for Gasoline Privilege Registration of the vehicle in one of several categories which are clearly defined in the instructions attached to the Application Form. The registration fee is one dollar.

The rationing plan permits nurses to be placed in Category D upon proof of necessity. At the outset, Category D will permit a purchase of 1400 to 1780 gallons of gasoline per annum. However, in the face of the present world situation, nurses are reminded that the federal authorities cannot enter into any commitment as to how long it will be possible to accord special consideration to nurses on this scale. Also, it has been learned that by decision made early in January, 1942, visiting nurses are entitled to special consideration when requiring tire replacements for their cars.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Alberta:	
A.A., General Hospital, Calgary	$500.00
A.A., Holy Cross Hospital, Calgary	34.00
A.A., General Hospital, Edmonton	10.00
University Hospital, Edmonton	12.00
Royal Alexandra Hospital, Edmonton	16.75
Student Government, Royal Alexandra Hospital, Edmonton	10.00
Country hospitals and individual donations	17.25
New Brunswick:	
Staff and student nurses, Chipman Memorial Hospital, St. Stephen	5.55
Nova Scotia:	
Branches of the Registered Nurses Association of Nova Scotia:	
Antigonish-Guysborough, Inverness and Richmond	8.00
Cape Breton and Victoria	4.50
Cumberland County	8.50

Halifax	52.50
Lunenburg County	10.00
Halifax Group, Royal Victoria Hospital, A.A.	3.00

Ontario:

Districts 2 and 3:

A.A., St. Joseph's Hospital, Guelph	30.00
A.A., St. Mary's Hospital, Kitchener	18.00
A.A., Kitchener & Waterloo Hospital	115.65
Kitchener and Waterloo Chapter	12.35
Staff—Stratford General Hospital	31.00
Student nurses, St. Mary's Hospital, Kitchener	14.00
General and Marine Hospital, Owen Sound	10.00

District 4:

Nurses of St. Catharines	37.00
Nurses of Niagara Falls	12.00

District 5:

A.A., Hospital for Sick Children, Toronto	83.24
A.A., St. John's Hospital, Toronto	40.00
Graduate nursing staff, Psychiatric Hospital, Toronto	17.00
Graduate staff, Hospital for Sick Children, City and Country Branch, Toronto	30.00
Nursing Sisters, Military Hospital, Camp Borden	19.80
Nursing Sisters, Toronto Military Hospital	22.00
A.A., Toronto General Hospital, December	150.00
A.A., Toronto General Hospital, January	175.00
Victorian Order of Nurses, Toronto	24.42

District 6:

Chapter C, Registered Nurses Association of Ontario	9.65

District 7:

Nursing Sisters, Petawawa Military Camp	18.00
Kingston Chapter	45.00
Individual contribution	3.00

District 9:

Nurses of Sault Ste. Marie	15.00
Individual contribution	1.00
Nurses of Kirkland Lake	4.75

District 10:

Individual contribution	3.00

Prince Edward Island:

Donated by Registered Nurses of Prince County, P.E.I.	20.00
Donated by Registered Nurses of Queens & Kings County	60.00
Proceeds from A.R.P. lectures in Charlottetown	25.00

Saskatchewan:

A.A., General Hospital, Moose Jaw	15.00
A.A., St. Paul's Hospital, Saskatoon	10.00
A.A., Queen Victoria Hospital, Yorkton	10.00
Nurses of Arcola	7.30
Nurses of Swift Current	22.75
Regina Registered Nurses Association	252.67
Student nurses, Grey Nuns Hospital, Regina	10.00
Students in the University of Saskatchewan School of Nursing, Saskatoon	140.00

Yukon Territory:

Graduate Nurses, Dawson Yukon Territory	30.00

Royal Canadian Naval Nursing Service

The following nurses have recently been appointed to the Royal Canadian Naval Nursing Service: to be Nursing Sister in Charge: Evelyn I. Stibbard (St. Joseph's Hospital, Victoria); to be Nursing Sisters: Olive Wilson (Royal Jubilee Hospital, Victoria); Mary Bryden (Royal Jubilee Hospital, Victoria); Grace Banting (Saskatoon City Hospital, Saskatoon); Joan Russell (Royal Jubilee Hospital, Victoria). All are on the staff of the Royal Canadian Naval Hospital at Esquimalt.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Some Newer Drugs

Sister Francoise de Chantal

To treat of sulfanilamide and its derivatives after perusing the enormous number of articles written on that subject, and particularly Dr. Long's book on the "Clinical Use of Sulfanilamide and Sulfapyridine", is by no means an easy task. The question one has in mind after such an experiment is this: are there any infectious conditions in which sulfanilamide and its derivatives are of no avail? It seems that the only class of microorganisms escaping their influence is the filterable viruses; in spite of the fact that the sulfa groups have elected a marked predilection for the cocci family, there are quite a number of bacilli which are inhibited in their disease-producing power.

In reviewing the subject of sulfanilamide and its derivatives, we might attempt to consider the following points: classification of the Sulfonamides; mode of action; principles concerning the use of chemotherapy: (a) maintenance of adequate concentration; (b) clinical uses curative and prophylactic; toxic effect and nursing care.

The first members of sulfonamide products discovered since 1933 are: sulfanilamide, also known under the trade names of Prontylin and Streptocide; Prontosil and Neoprontosil; sulfapyridine, also known as Dagenan or M&B 693. More recently Sulfathiazole has emerged. It has the valency of Dagenan with an added power of combatting infections caused by some strains of staphylococcus aureus. Still more recently, the advent of Sulfaguanidine has been received with the utmost interest and gives promise of constituting a distinct forward step in the treatment of gastro-intestinal infections particularly bacillary dysentery. The very latest member of the sulfa group is Sulfadiazine which possesses the same bactericidal powers as the other mentioned sulfonamides but which is relatively less toxic.

The problem of how the Sulfonamide compounds actually work resolves itself into three main issues: (a) do the drugs act on microorganisms simply as disinfectants? (b) do they exert a stimulatory effect upon the natural body defenses? (c) is their activity the result of the combination of the two effects? These three theories are still debated and for the time being one must be content with the simple conception that they inhibit the growth of susceptible microorganisms in the body.

The two points of paramount importance in Sulfonamide therapy and on which a great deal of the efficacy of the drug depends are first, the maintenance of an adequate concentration of the drug in the blood and this will lead us to talk of its dosage and method of administration; second, the elective action of these drugs for certain types of microorganisms indicating the necessity for an early and correct diagnosis.

The drug may be administered either by the oral route or parenterally, that is by injections. It acts better when given by mouth and, if soda bicarbonate or Citralka is given along with it, acidosis may be prevented to quite an extent. If nausea and vomiting are too severe, then the drug may be given parenterally but, the oral administration should be resumed as soon as possible. For parenteral use, sulfanilamide is best given subcutaneously whereas sulfapyridine and sulfathiazole sodium salts should always be given intravenously and slowly.

In the invasive stage of the disease, the slogan is: "hit quickly, hit hard, and keep on hitting". Hit quickly because the bacteria are multiplying at an enormous rate; hit hard because if maximum benefit is to follow therapy enough of the drug must be present; keep on hitting because too rapid withdrawal of the drug may find the defenses of the body still imperfectly mobilized. In chronic stages of infections, chemotherapy requires different technique from that employed in acute cases. There, massive doses are seldom justified. It is important to realize in both acute and chronic stages of infections that, if a decisively beneficial result is not obtained within 48 to 72 hours with an adequate amount of the drug either chemotherapy will fail or else additional measures are necessary. Sulfathiazole should not be used for minor staphylococcal infection such as localized boils and mild furunculosis.

Out of the numerous experiments performed with sulfonamides, some definite knowledge has been gained as to the elective action of these drugs on different microorganisms and the necessity, therefore, of an early and accurate diagnosis. Sulfanilamide, prontylin or streptocide is the definite killer of hemolytic streptococcus, thus it will be of major use in treating such conditions of hemolytic streptococcal origin as cellulitis, erysipelas, osteomyelitis, puerperal fever, septicaemia, pneumonia and its numerous complications, urinary tract infections. It will also be helpful in meningococcal infection, in gas gangrene and even in trachoma. Sulfapyridine, Dagenan or M&B 693, will manifest its predilection for infections of pneumococcal origin such as pneumonia and its frequent sequelae; sinusitis, otitis media mastoiditis, meningitis, peritonitis; also for gonococcal infections and its sequelae; arthritis and endocarditis. Sulfathiazole on the other hand is the drug of choice for staphylococcal infections, carbuncles, cellulitis, osteomyelitis, septicaemia, and seems to be as effective in the treatment of pneumococcal infections as sulfapyridine and it produces much less nausea and vomiting. Sulfaguanidine promises to be very effective in bacillary dysentery and other gastro-intestinal disturbances.

Not only are these drugs used for curative purposes, but they are now routinely employed in some places as prophylactic agents to lessen or prevent the incidence of infection in such conditions as burns, compound fractures, scarlet fever contacts when Dick test is positive, extensive tissue injury, peritonitis after appendectomies and large bowel resections. It is also used in the quiescent stage of rheumatic fever to prevent its recurrence. The local application of sulfonamides has been extensively used in prophylaxis of war wounds and has resulted in a definite decrease in the incidence and severity of wound infection. Streptococcal ulcers, superficial staphylococcal infections, wounds and burns often clear up promptly with the local application of sulfonamides.

Patients receiving sulfonamides require the most attentive nursing care. The nurse should be on the alert to perceive and interpret adequately the nonfavourable symptoms which may occur as side effects of chemotherapy. The most important toxic effects may be classified as mild, moderate or severe reactions. The mild toxic reactions include vomiting, cyanosis and dizziness and, even in moderate severity, are not contra-indications to the continuation of chemotherapy. The reactions of moderate severity include nervous twitching, delirium, acidosis, skin rashes and fever. As soon as these side effects appear, treatment should at least be interrupted if not terminated altogether. Fluid intake should always be augmented in an attempt to remove the drug from the body as soon as possible. The gravest toxic manifestations which may lead to death are renal irritation and anuria, severe acute anemia or leukopenia and hepatitis and jaundice. For this reason, hemoglobin tests and white blood cell counts should be made frequently and a careful watch be kept on urinary output which should be at least 1000 c.c. daily.

The question of how much fluid should be given to patients receiving sulfonamide therapy is of considerable importance. It is rarely necessary to force fluids beyond 3500 c.c. per day—if an adequate concentration of the drug in the blood is to be maintained. Patients may be permitted to eat what they prefer, and the well known prohibition of sulphur-containing foods such as eggs or onions, has no fundamental basis, according to Dr. Long.

The only contra-indication to the use of these drugs is that the patient has previously had one of them and has suffered from a toxic reaction to it. An existing anemia, leukopenia, hepatitis or nephritis may not be aggravated by the drug and are not contra-indications for there is nothing to predict the toxic reaction of these drugs. The use of these drugs, short of intensive dosage is less dangerous than long continued chemotherapy with small doses. Constant vigilance is necessary to guard against the occurrence of the severe toxic reactions. Estimations of the hemoglobin and the white blood count should be made frequently and a careful watch kept on the urinary output.

Canadian Nurses Land at Cape Town

In response to the call to Canada for nursing help, the first 80 Canadian nurses landed in Cape Town on December 26. They were welcomed on arrival by the A.D.M.S. Colonel Impey, and quickly transferred to the Red Cross Auxiliary Hospital at Seahurst, St. James, where every arrangement had been made for their comfort. The entertainment committee of the Western Province Branch of the South African Trained Nurses Association swung into action and the Mayor and Mayoress, Mr. and Mrs. Walter James, arranged to receive and welcome them at a morning tea in the City Hall. The Mayor, speaking for South Africa as well as for this city, said how greatly this country appreciated the timely help so readily forthcoming from the sister Dominion;

he assured the nurses of a sincere as well as a warm welcome.

Mrs. Horwood read a message of welcome from the General President of the Association, and said that the link which bound Canada and South Africa was one in a longer and greater chain than even the British Commonwealth, for both countries were members of the International Council of Nurses. Each had the proud distinction of providing a vice-president of the I.C.N.—in Canada, Miss Grace Fairley, and in South Africa, Miss B. G. Alexander. Mrs. Horwood asked each nurse when located to get in touch with the local branch secretary of the S.A.T.N.A., who would invite them to their meetings and would gladly do all in their power to make their stay in South Africa interesting. Miss Macdonald, speaking for the Canadian nurses, said how greatly they had appreciated receiving a personal letter from the Prime Minister, Field-Marshal the Hon. J. C. Smuts. They were grateful for the kindness and hospitality they had received on every side, and looked forward to serving side by side with South African nurses.

—*The South African Nursing Journal*

Watch Your Price Ceiling

The Minister of Finance and the chairman of the Wartime Prices and Trade Board have asked the Canadian Nurses Association to help enlist the three million women of Canada in an effort to make the Price Ceiling Law effective. Guarding this law is a patriotic duty that women are particularly well qualified to perform because they are the nation's shoppers. As one of the representatives of the women's organizations called in by the Minister of Finance to work out a plan, I have said that the Canadian Nurses Association can be counted on to do everything in our power.

I hope you heard the radio addresses by Mr. Donald Gordon, chairman of the Wartime Prices and Trade Board, and Dr. Charlotte Whitton. Copies of these addresses and other useful information may be obtained by writing to the Wartime Prices and Trade Board, Ottawa, Ont. From time to time further radio announcements will be made.

Perhaps local members have already met to talk over this appeal. If not, I hope that many of you will be able to get together and make plans so that every one will proceed at once to make her Price Ceiling List, as outlined in the Board's announcement. Please note that this list should be made up carefully. It is each member's safeguard against higher prices in the future. Every one of the three million women of Canada is being asked to do this by the Government. Let us be in a position to say that every member of the Canadian Nurses Association appreciates the effort that Canada is making to keep prices from rising, and prove it by every member making up her own individual list of prices and reporting to her Provincial Association that she has done so as soon as possible. We want to be able to say that we are among the first women's groups to have this task completed for the Government.

GRACE M. FAIRLEY,
President,
Canadian Nurses Association.

R.N.A.O. Annual Meeting

The Registered Nurses Association of Ontario are holding their annual meeting in Windsor at the Prince Edward Hotel on April 8, 9, 10, 1942. The general meeting opens on Wednesday, April 8, at 2 p.m. On Thursday morning a special programme has been arranged. The delegates will be taken on a conducted tour through some of the Industrial Plants of Windsor, followed by a luncheon when Miss Iva G. Wait, an industrial nurse with the General Motors Corporation of Flint, Mich., will speak. Nurses from all groups are now being drawn into industrial nursing, therefore this arrangement was planned by the three Sections to be of interest to all. The programme for the open meeting on Thursday evening will be a symposium on "Leadership" conducted by Miss Marion Lindeburgh, Director, School for Graduate Nurses, McGill University, Montreal; Miss Maude Hall, Acting Chief Superintendent, Victorian Order of Nurses for Canada; and Miss Madalene Baker, London, chairman of the General Nursing Section, Canadian Nurses Association.

The annual banquet will be on Wednesday evening. The topic of the address to be given by Dr. Douglas Wilson, University of Western Ontario, is "Love, Laughter and Salad." Miss Ethel Johns, editor and business manager of *The Canadian Nurse,* will have a message for all nurses following the report of the Canadian Nurse Circulation Committee. The standing and special committees will present many important questions to be considered and discussed. It is hoped that many nurses will attend, will take their part in the discussions and assist in making the meeting a success.

MATILDA E. FITZGERALD

Secretary-treasurer, R. N. A. O.

Obituaries

CATHERINE ARMSTRONG, a graduate of the School of Nursing of the Montreal General Hospital, died recently. She was a member of the Class of 1940 and had served as a member of the night staff in the Central Division.

ANN BAILLIE died on February 5, 1942, at the Kingston General Hospital. For eighteen years Miss Baillie rendered outstanding service as superintendent of nurses in the Kingston General Hospital, Kingston, Ontario, and will be sincerely mourned by her staff and her pupils. In 1911 she graduated from the School of Nursing associated with the Kingston General Hospital and, from 1915 to 1919, served overseas as a Nursing Sister with the R.C.A.M.C.—first in France and in Egypt, and later in Canada. She was mentioned in dispatches and was awarded the Royal Red Cross in recognition of her courage and devotion. Miss Baillie was actively interested in the work of nursing organizations and at one time was president of her Alumnae Association. She enjoyed outdoor sports and was a member of various groups associated with the welfare of the community.

MARY COBBE HEYER died recently in Vancouver after a long illness. Mrs. Heyer was a graduate of the School of Nursing of the Winnipeg General Hospital. During the first Great War she served overseas as a R.C.A.M.C. Nursing Sister in No. 5 Canadian General Hospital at Salonika and also in the Red Cross Hospital at Cliveden. She took an active interest in the Overseas Nursing Sisters Association and gave excellent leadership as president of the Vancouver Unit.

Toronto Department of Public Health

At the annual meeting of the Public Health Nurses Association, Department of Public Health, Toronto, the following officers were elected: honorary president, Miss Elsie Hickey; president, Miss Clara B. Vale; vice-president, Miss Edna M. Clancey; recording secretary, Miss Laura E. Webb; corresponding secretary, Miss M. G. Lovell; treasurer, Miss Elizabeth Price. Conveners of committees: Social and courtesy, Miss E. Janet Davidson; educational, Miss L. J. Dyer; publicity, Mrs. I. J. Dalzell; ways and means, Miss Lillian E. Galbraith; editorial, Miss Edith Cale; historian and archivist, Miss Frances E. Brown; councillors, Misses Mae Laing and Louise E. Tucker. The guest speaker was Miss Julia Metouskova, a graduate of the University of Prague and a scholarship student of Vassar College. She has had a wide experience in Y.W.C.A. work in Czechoslovakia, as a representative to the World's Executive Staff of the Y.W.C.A. at Geneva and at present is a member of the National Council of the Y.W.C.A. Miss Metouskova chose as her subject, "Women, their responsibility to-day and in the future". Miss Louise Tucker, the retiring president, reviewed the year's activities which have centred about the war time emergencies.

Photo by Barefoot, Robt. Simpson Co. Toronto

Clara B. Vale

Miss C. Vale, the newly appointed president, spent some time as assistant superintendent of the Children's Hospital in Montreal. Following this, she was appointed to the nursing staff of the Department of Public Health, Toronto. During the epidemic of anterior poliomyelitis in 1937 she was loaned to the Ontario Society for Crippled Children and did follow-up work in the homes of Northern Ontario. The aims and objectives of this Association are to improve the standards of public health nursing especially as related to the work of the members. Miss Vale's experience and outstanding ability will be invaluable in directing their activities.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Maintaining Standards of Public Health Nursing

ISABELLE R. CHODAT

We are wondering, just now, if we can maintain our present standards during a time when the number of well-qualified public health nurses may be greatly reduced. Logically, we must look for the causes of such a shortage, and from there build a constructive program to ensure an adequate supply of workers in this field. Not only must we consider the quantity, but also the quality of such nurses. For in times to come, as at present, many public health problems will arise which will require special preparation of public health nurses in the fields of nutrition, maternal and child health, social hygiene, mental hygiene, communicable disease control, and orthopedics. We do not know to what proportions these problems may grow as a result of war, but we do recognize the vital importance of the health of our civilian population, especially of the mothers and children, to the future of our democracy. Of course the health of our men in military service is of immediate concern. But for what are they fighting if it isn't for the "right to conduct our affairs with a primary regard for the health and welfare of our people"?

Public health nurses have asked just where their duty is in this time of war. They have been advised, by leaders in their field, to analyze very carefully their individual situations, not purely from a personal point of view, but also in terms of the needs of their agencies and communities. Military service, however, has claimed some of them, and matrimony has beckoned to others. We live in a free country with the right to choose our own course of action. The result is that public health nursing organizations are beginning to feel the strain of a greater turn-over of staff than they have experienced for some time. The above two factors are almost beyond our control. But there is another cause of shortage about which we can take immediate action.

First of all we must go right back to the enrolment of young women in schools of nursing. It is from their ranks that our public health nurses come. Therefore it is necessary, from our point of view as well as from that of hospitals, that great care be given to the selection of student nurses. Especially do we want to enroll those young women of good education who are broad in their thinking and mature in their judgment. They derive great satisfaction from social endeavours. But no matter how great their social sensitivity, they will not enter our training schools unless, at the end of three years' training, they can be assured of an income which is comparable to that of other professions. The security which comes from steady work and good income is just as important to the professional development of any nurse as is the satisfaction which she derives from her occupation. Job opportunities for women are tremendous, at present, and unless we can offer our nurses the financial returns equivalent to that of teachers, stenographers, industry workers, and so on, we cannot hope to swell our enrolments with the type of women we want.

If training schools are to increase their enrolments, they must be assisted financially in order that nursing education standards may be safeguarded. Is this not a responsibility of the government, as are the financial requirements of other educational fields? I would say very definitely, yes, it is. Nursing is a social necessity, and as such, a necessity to national defence. Nursing leaders must make this very clear, and administrators must request government assistance in increasing facilities.

When this is done, we may expect to increase our university enrolments in public health nursing. But this will not happen unless institutional nurses are informed of the scope of the field, its requirements and opportunities for employment. It is our responsibility, as public health nurses, to disseminate this information wherever possible, as part of a larger plan for recruiting. Such a campaign requires leadership and organization. Leaders in nursing, especially in public health nursing, must recognize and accept this responsibility, and individual public health nurses must play their part when asked to do so.

Such a plan, however, is of little avail, if financial requirements for courses in public health nursing are prohibitive, and facilities of university nursing education departments are limited. With our standards at their level, very few public health nursing agencies have adequate supervisory staff to enable them to train nurses "on the job". For a sufficient supply of personnel, we must rely upon the output of public health nurses with public health nursing certificates if we are to maintain our present standards now and in future. Again I see it as a matter of government financial support. Loans and bursaries must be increased. Teaching staff may need to be increased in certain university nursing education departments.

Finally, public health nursing organizations must carry on a continuous program of preparing staff members for advanced positions of greater responsibilities. For every key position in any organization, there should be at least one staff nurse preparing for the job. Our leaders are well aware of the situation. Already they are making plans to prevent a shortage of well-qualified public health nurses. Let each one of us be prepared to take part in this endeavor to the best of her ability, whether it be in actual recruiting or in the provision of field experience for students. We owe this to our profession, to our agencies, to our country. Let me close with the words of Miss Katharine Tucker: "We must organize our forces on every front so that there are constantly more, not less, public health nurses qualified and employed, if we are to meet the present need and future emergencies in relation to national defence".

Industrial Nursing

Helene Snedden

War has made new demands in all fields of our national life. One of the demands upon the nursing profession has come through the increased activity in industry, and the consequent need of qualified nursing service in maintaining optimal health among the workers. This new responsibility was considered by the Public Health Section of the Registered Nurses Association of Ontario, and of this discussion came a request that the School of Nursing of the University of Toronto be asked to offer a refresher course in industrial nursing.

The Ontario Department of Health co-operated with the Public Health Section and the School of Nursing, in planning the program which attracted 115 nurses. Two of the registrants came from the Province of Quebec, and others from widely scattered parts of Ontario. Approximately, sixty per cent were engaged in industrial nursing and in many instances the expenses incurred in attending the course, were met by the industry concerned.

The group attended lectures, visited industries, and discussed common problems in round-table conferences. The general principles of public health nursing, presented by Miss F. H. Emory, associate director of the School of Nursing, provided an excellent background for the lectures on industrial nursing given by Miss Ruth Scott, consultant in industrial nursing, Bureau of Public Health Nursing, Indiana State Board of Health, whose lectures dealt with the principles and practice of industrial nursing.

The importance of co-ordinating all public health nursing efforts within the community was emphasized repeatedly. The possibilities for the development of service in small plants through the purchase of nursing service from a visiting nursing agency and the plan of extending the official public health nursing program to include industrial service, were discussed. Plans for staff education were suggested. It was shown that each health worker should become thoroughly familiar with the health and welfare resources of the community, as well as the scope of activity of other workers, in order to make the fullest contribution.

Dr. Grant Cunningham, director of the division of industrial hygiene, Ontario Department of Health, interpreted the modern industrial hygiene program. Of primary importance was the statement that a greater loss of time is caused by illness than by accident and, furthermore, that illness due to industrial hazard constitutes a minor problem in comparison to that of general sickness. Dr. Cunningham stressed possibilities of nursing service in reducing lost time and increasing production. He reminded the nurses that when medical service is not available on a full-time basis, it is imperative that standing orders, signed by the physician, be provided for their guidance. Mention was made of the services available to industry, through the Division of Industrial Hygiene.

Dr. J. H. Couch, of the Department of Surgery of the University of Toronto, and Dr. Ronald Hare, research associate in the Connaught Laboratories, lectured on first aid and emergencies. Dr. Couch described the most successful emergency treatment for the prevention of infection as the immediate covering of the wound with a dressing with as little handling as possible; the use of soap and water in cleansing; and less frequent changing of dressings. Dr. Hare emphasized the danger of the wound becoming infected by the person giving first aid. This frequently occurs through droplet infections.

The importance to industry of sound mental health, and the ways in which the nurse might recognize and assist in the early solution of mental health problems, were topics presented in lectures by Dr. K. S. Bernhardt, assistant professor of psychology, University of Toronto. A healthy personality and characteristics such as getting on well with fellow workers, engaging in community activities, and having an optimistic outlook, were interpreted and deviations from the normal were described. In recognizing early symptoms, and assisting in the adjustment of the individual, many serious problems might be averted. Dr. F. D. Cruikshank, of the National Steel Car Company, and Dr. O. A. Cannon, of the Steel Company of Canada, also presented papers.

Industrial management was presented from the point of view of the chief executive and also the personnel manager. Dr. W. H. Cantelon, of the Auto Specialty Manufacturing Company, expressed as his considered opinion, that the industrial hygiene department functions best when its head is responsible directly to the chief executive, and not to another department manager. The nurse's place in industry is not restricted to the activities of the first aid room; her duties include an interest in the employee as a member of his family unit, embracing a knowledge of the home conditions and family problems. Through such a service she becomes a good will agent and interpreter of relationship within industry. Mr. J. S. Willis, personnel manager, Canada Packers Limited, raised the question of co-operation among all departments in an industrial plant and voiced the opinion that the nurse could aid greatly in promoting such co-operation through her many personal contacts with management and employees.

A visit to the General Motors Plant at Oshawa and the Dominion Government Armaments Plant at Pickering, provided an opportunity to observe two widely different war industries in operation.

Opportunity for general discussion was provided through two round-table conferences. The topic of "The community health service and the industrial nurse" was introduced by presentations describing the provincial and local health program, the services and policies of Visiting Nurses' Associations and the ways in which the industrial nursing service may make use of and can contribute to the service of the official and un-official agencies in the community set-up. This period was directed by Miss Edna L. Moore, of the Provincial Department of Health. The subject of the second round-table conducted by Miss Muriel Mackay, Ontario Hydro Electric Commission, was: "Industrial nursing opportunities, problems and technique." The discussion covered the nurse's relationship to management and employee; the development of a health program, including sickness, accidents and home visiting; professional growth, records and recording.

Out of the wide range of subject matter presented during the course and the discussions on methods and policies, came a new realization of the importance of industrial nursing in the field of public health. With this is coupled an appreciation of the need for preparation in the graduate field. It is to be expected that organized nursing having met with so eager a response to the first effort in the interest of its members in the field of industrial nursing, will continue in an endeavor to meet their needs.

STUDENT NURSES PAGE

A Week with the Hospital Health Service

RUTH WATSON
Student Nurse

School of Nursing, Women's College Hospital

I had often heard of the out-patient clinics in connection with the various hospitals in Toronto, but my week with the Hospital Health Service has given me a much greater appreciation of this branch of hospital work. I found that the out-patient clinic is a tower of strength to some of these people who cannot afford the services of a private doctor. They have full confidence in it. One pregnant mother told me that it was such a relief to know that when the clinic discharged her she was in good condition and that she need not worry about complications in the future because of neglect.

I was surprised to find that the clinic was to such a large extent a public health function. I thought of it as a service supplied by the hospital from a charitable view-point, to be taken or left by the needy just as they pleased. But I found that the Public Health Department of the city of Toronto uses this hospital service as a means to teach health to all who come. The Department maintains one of its own nurses in the clinic as a link between the hospital and the district, and as a means of getting in touch with those cases which otherwise might not fall under its notice. New patients are referred to this hospital health service nurse, as she is called, and she explains the doctor's orders, takes time to draw out the patient and win her confidence so that the nurse may glean some knowledge of the home conditions, and make a record of this information for future use.

Once the new patient has come to the clinic, she cannot complain that she does not receive treatment, unless she wilfully refuses it. Appointments are made for her regular return and if she is careless about her condition, she is prodded into looking after herself by the follow-up system of the hospital health service nurse. Though this nurse may not make the actual visits herself, she communicates with the local district nurse and acquaints her with the circumstances and the district nurse then interests herself in this patient and gives what help, information and instruction may be needed, as well as encouraging her to return to clinic until completely cured. The hospital health service nurse acts as liaison officer between the district nurses and the hospital. Through expert knowledge she is able to approach the proper social agencies through which the patient may obtain extra foods or necessities ordered by the doctor and which she cannot afford. Every patient with whom I came in contact, both in the clinic and in the district, seemed to look upon the clinic and the district nurse as a refuge and a friend in need. I feel that the public health nurses are doing their utmost to ensure that the less fortunate have the best possible health and often without the co-operation of those needing the help. In many cases they are working doggedly against the lethargy and indifference of the people themselves.

My week with the Health Service Department of the hospital would indeed have been incomplete without my afternoon spent with the district nurse of the Department of Public Health. When I was with her I saw the other side of the work which I had been watching in the clinic and in the office of the hospital health service nurse. That afternoon I saw the results of the little white and pink slips which had been going out from the health service office at the hospital. I learned something of the varied nature of the district nurse's duties: a new baby, a cut eye, a broken arm, a weak chest, a communicable disease, a mother's allowance. All these shared her attention in one afternoon. I was somewhat surprised at the pleasant and cooperative reception given the district nurse. No doubt she runs against many a snag, but on the whole most people greeted her as a welcome old friend who had their good at heart.

The wisdom of using the schools as a centre around which to build public health work is most evident. If the health of the school were outside the dominion of the Department of Public Health, a large percentage of its contacts would be cut off and it could not function nearly so effectually. It seems necessary for the school work and the district work to go hand in hand or both will to a great extent fail in their purpose. As it is, with the school health and the district health coming under one department, the picture can be seen as a whole and there are not two departments of health, each working with one hand tied, and probably at cross-purposes with each other.

My week in the out-patient clinic has given me a broader picture of the patients I meet in the hospital. I shall not think of them as only patients in hospital, but I shall automatically have a picture of them as people who have come from homes which have problems, possibly such as I saw in the homes in the district; people with a background of worries and experiences outside of hospital. The hospital so tends to become a world of its own that the nurses on the wards are apt to forget that the patient has come from a world of distraction and annoyance apart from her hospital experience altogether. Listening to the hospital health service nurse and the district nurse teach health has given me ideas for trying to drop health hints and do some health teaching during my contacts with patients. Now I am able to see the general picture of the patient's life and, therefore, understand her and her problems better and talk to her with more confidence.

The various divisions of the Department of Public Health of which I have learned seem to fit together to make a perfect circle of organization and check-up that leaves no gaps. No doubt there are gaps—the human element would most surely cause them—but to the amateur at least it appears to be a perfect set-up.

Letters from Sweden

ELIZABETH LYSTER

Author's Note: While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

Stockholm, Sweden
August 5th, 1940

Dear M:

As you see, I am in Stockholm. I came down from Stromsund with another nurse of the Unit. I rather hope my last letter to you has not arrived for in it I said that I might be home soon and now I shall not be. Soon after I wrote you, it was learned that the ship would not be able to take any but American citizens. Then the two of us decided to stay on in Sweden for a while and, as there seems to be a shortage of nurses, I think there will be no difficulty about getting work. One of the heads of the Nurses Organization seems to be interested in us and has suggested that we stay in a nurses' home for a while so that we may have a chance to learn enough Swedish to get along with. We bought ourselves two dictionaries to-day, each about an inch square, but with 12,000 words apiece, English-Swedish, Swedish-English, and we have two grammars, so we should be well armed against the pitfalls of this foreign language.

The awnings all over Stockholm rival even the flowers in their bright colours — orange, brown, henna, blue, green. One building flaunted a different colour from each floor! Bands play in the evenings in the parks and restaurants and there are tables and chairs on the pavements, surrounded with flower-boxes, where one can sit in the sunshine and watch the people stroll by. I use the word "stroll" advisedly—it is the tempo of this town. Only the bicycles hurry and perhaps they only seem to, for we are still forgetful of left-hand traffic at times and apt to find ourselves tangled up with a few of them.

I met Professor N., one of our fellow passengers, on the street to-day, and he asked us to have tea with him. He said he had saved a few ounces of a special tea against my return to Stockholm. He has, for years and years, bought his tea from Twynings, London. I wonder how long it will be before he will be able to enjoy this particular pleasure again. I think tea is as much of a ritual for him as for most Englishmen.

The statue of Orpheus in front of the Concert Hall is now in full view. The protective boarding which surrounded it when we were here before has been removed. Now Orpheus rises serene above the tumbling water of the fountain and the encircling forms below, and a market blossoms daily on the square, while under the feet of the market women and the ambling marketeers, lies a vast hole torn out of the earth—Stockholm's largest air-raid shelter. There are many about, and many sandbags block up basement windows, but they are just a reminder, a rather strange reminder, that there is a world where these things have their uses. But how uselessly disfiguring they all seem here, now.

Stockholm, Sweden
Aug. 10th, 1940.

Dear M:

This letter is going to have an eventful journey and I wish it were possible for it to record all its adventures. I am giving it to someone who is going home by way of Russia and Japan. I have made them promise that they will deliver it in person and so be able to tell you more news.

I tried in my last letter to give you a few glimpses of this lovely and appealing town. So much could be said of the curving streets, of the blue water which comes to meet you at unexpected turns, of the softened almost blurred colouring which makes one think of a pastel or a dream. With so much colour abounding, flowers, awnings, sun umbrellas, chairs, table cloths, dishes, all in the most glorious combinations, one might be tempted to think that riotous would describe it — not at all — even the colours stroll!

The tea was fully as good as I had remembered it. Professor N. says the Swedes ("we", says he) are becoming more fatalistic each day. "What is there to do—one might just as well sit and twiddle ones thumbs."

Stockholm, Sweden
August 17th, 1940

Dear M:

Yesterday we had some good news. Miss Hojer, who is Miss Elfverson's assistant, called us to go and see her and when we arrived, shaking in our shoes a little, it was to hear that arrangements have been made for us to go to Kalmar, which is south of Stockholm on the coast. One of us is to stay with a brother of Miss Elfverson's, who is a gentleman farmer and has a large place, and the other with a friend of Miss Elfverson's. Miss Elfverson, I should explain, is Director of Nurses for Sweden on the Royal Nurses Board. We shall stay there two or perhaps even three months while we learn enough Swedish and we are not to pay a single cent for all this—just help with whatever work we can. Did you ever hear of such hospitality and kindness? We don't know anything about Kalmar as yet except that it is about twelve hours by train from Stockholm and that it is the site of an ancient castle.

R. tells me that her consulate is slightly exasperated with her (she says she has become an international problem child). As for mine, they took it very much in their stride. I don't suppose one more soul can possibly mean much in their lives, after trying more or less unsuccessfully to get 600 others out of the country. The man from Oslo did ask me what I intended to do if I didn't get work and I asked him what he would suggest and he said I could always come down and cry on their shoulders which, I said, was a lovely and comforting thought! However, that contingency is not at all likely—they are very short of nurses apparently.

In this section of Stockholm, between each row of apartments, they leave a nice breathing space, full of grass, trees, flowers, flagstone walks and here and there small flagstone lined shallow pools for the children to play in and sail their boats. Sandpiles are kept in check, not by prosaic boards, but by large rounded stones. The ground in parts has been left untouched and large boulders jut out forming natural homes for rock garden plants and flowers. There are fountains shooting high into the air and falling gracefully sideways in a fine curving curtain of water. The buildings themselves vary from oyster-white to light grey with a faint pinky tinge, from palest yellow to deeper shades with here and there a nice green with dark green awnings. The general effect is that of large groups of large white buildings with splashes of colour provided by awnings and flower boxes. The whole side of this room where I am writing, is glass: one huge window and the glass door leading to the small balcony. The window extends from the ceiling to within two feet of the floor; under it there is a marble shelf (somewhat reminiscent of Connemara though with less green in it) and along this are plants.

Gasoline is rationed and taxis are not allowed to drive you to places of amusement—so they drive you to within one block! Many cars are equipped with charcoal burners which are attached to the trunk rack at the back or trail along behind like large silver bugs. The buses find the hills hard going with a full load aboard and only charcoal to deal with the problem. Otherwise, they seem to be very efficient. Coffee and tea and sugar are also rationed, but there does not seem to be any shortage so far. Food has gone up tremendously though to us the prices for meals still seem reasonable comparing them with home prices. The people on the streets afford one a nice feeling of free and easiness. Apparently one can wear just what one feels like wearing (practically anything goes) and no one looks twice. It is a nice town.

(*To be continued*)

Book Reviews

Nursing Care of Communicable Diseases, by Mary Elizabeth Pillsbury, R.N., M.A., formerly Instructor of Communicable Disease Nursing, Yale University School of Nursing. Sixth Edition Revised. Illustrated. 578 pages and index. Published by the J. B. Lippincott Company; Canadian Agents: Medical Arts Bldg., Montreal. Price, $3.50.

The value of this text is demonstrated by the fact that, in a little more than ten years, five editions have been published. The sixth edition has evidently undergone thorough revision and new material has been added dealing with syphilis, poliomyelitis, bacillary dysentery and rheumatic fever. Emphasis has also been placed upon the new developments in chemo-therapy. Part One contains chapters on the prevention and control of communicable diseases while Part Two is devoted to a discussion of nursing care. Part Three consists of a brief picture of public health nursing and an historical review of the care of communicable diseases. The chapters on the causal organisms and resistance to disease are particularly good and are well illustrated by tables and charts. There is also an excellent chapter, written by Dr. Grace M. Swanner, dealing with the recognition and treatment of fungous diseases. The whole question of prevention and control receive adequate attention. Various methods of gown technique are described at some length and are further demonstrated by full page illustrations. The nursing procedures associated with each disease are clearly outlined and measures for control are given in every instance. At this time, when the incidence of epidemic disease may be expected to rise, this excellent textbook should prove more valuable than ever.

Textbook of Materia Medica, Pharmacology and Therapeutics, by A. S. Blumgarten, M.D., F.A.C.P. Seventh edition, completely revised. Illustrated. 804 pages and index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.00.

Comparison of the seventh edition of this textbook, with the previous edition, which appeared as recently as 1937, shows that much new material has been added. Most of it deals with recent developments in chemotherapy and particularly with the various sulfanilamide compounds. Considerable space is given to a discussion of glandular specifics. An entire chapter is devoted to vitamins and there is an excellent table showing the foods in which the various types of food principles are present and their general therapeutic uses. The general arrangement of the subject matter has not been changed but is still directed towards teaching the nurse to observe the effects of drugs on patients and to administer a remedy in such a manner that the desired effect is obtained. Emphasis is also placed on the early recognition of toxic symptoms. Each chapter is followed by intelligent questions which will be helpful to instructors as well as to students.

Who is My Patient? A Religious Manual for Nurses, by Russell L. Dicks, B.D. 149 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $1.75.

This little book carries conviction because it is written by a clergyman who has had much experience in dealing with patients and with the nurses who take care of them. He has served as chaplain in the Massachusetts General Hospital and, later, in the Presbyterian Hospital, Chicago. The chapter devoted to a discussion of the clergyman's ministry to the sick is free from all sectarian narrowness and suggests how the nurse may best help the patient to receive the religious benefits of his own faith, whether he be Protestant, Catholic, or Hebrew. Every nurse should read the chapter on the religious needs of the sick and learn how to recognize the signs of loneliness and fear which the patient is vainly striving to hide. Then she should turn to the excellent outline of the twin arts of listening and reassurance. The religious approach to the nurse herself is not direct except in the final chapter which puts the question so many of us ask—why do the innocent suffer? This is the author's answer: "Suffering cannot be evaluated apart from what it does for individuals. It may fail miserably in one instance and in another triumph. God and the earth are bountiful in their good gifts: we use them according to our understanding and appreciation. The creative way to deal with an experience is not to judge it upon a pleasure-pain basis but rather upon the basis of: what can I do with this opportunity? It is the task of each of us to discover the desire of God for himself; it is the task of each of us to search for the meaning behind every experience."

The Premature Infant, Its Medical and Nursing Care, by Julius H. Hess, M.D., Professor of Pediatrics, University of Illinois College of Medicine; and Evelyn C. Lundeen, R. N., Supervisor, Premature Infant Station, Sarah Morris Hospital, Chicago. Illustrated. 309 pages, including index. Published by J. B. Lippincott Company; Canadian Agents: Medical Arts Bldg., Montreal. Price, $4.25.

In this book the authors have collaborated to present the latest data, methods, and procedures, in the care of the newborn infant. They are to be congratulated on their painstaking effort, which should prove a guide and monitor to every physician and nurse interested in obstetrics and paediatrics. The correlation of medical and nursing care is well demonstrated; there are numerous illustrations; equipment, both expensive and simple, is carefully described and the statistical tables are well worth careful study. Again and again, the well known fact is stressed that elaborate nurseries and equipment are of little value unless the staff is well trained, well supervised, and of sufficient number to cover the service during the twenty-four hour period. This is, of course, true of any nursing service, but more so in a premature nursery, where a minute's carelessness or inattention may mean the life of a very precious child.

Chapters eight, nine, and ten, should be of interest to public health nurses and to all those responsible for the care of these infants in the home; chapter eleven, which deals with the feeding of the child, is most comprehensive. Chapter twenty-seven, which outlines "City and State Plans for the Care of the Premature Infant", should prove an incentive to every one concerned in this phase of child welfare.

CAROLINE V. BARRETT,
Supervisor,
Royal Victoria Montreal Maternity, Montreal.

O.N.S.A. News Letter

Plans for the eighth biennial general meeting of the Overseas Nursing Sisters Association of Canada were completed by the Executive Committee at a recent meeting. Member Units have been advised that Monday, June 22, has been chosen for our general meeting, when items of considerable importance will be dealt with. The Montreal Unit will have further news for the Units at a later date when plans for a social reunion have been completed. Members are reminded that the General Meeting of the Canadian Nurses Association will be held in Montreal from June 22 to 26, and that Monday 22, will be our special day. All are assured of a warm welcome.

The *Regina Unit* reports a satisfactory year. The officers elected are: president, Mrs. D. C. Fyffe; first vice-president, Mrs. A. E. L. Shand; second vice-president, Mrs. A. T. Child; secretary-treasurer, Mrs. P. Harradance. Executive: Mrs. J. E. Leveille, Mrs. A. E. James, Miss L. Lynch, Miss O. Hudson; publicity, Mrs. O. J. Monette; sick visiting, Miss O. Hudson.

The *Edmonton Unit* records with sincere regret the great sorrow that has come to their president, whose only son has laid down his life for his King and country.

The following officers were elected: president, Mrs. John Turner; first vice-president, Mrs. R. F. Nicholls; second vice-president, Miss Belle McGuire; recording secretary, Mrs. Byron Morrison; corresponding secretary, Miss Emeline Robinson; treasurer, Miss Olive Ross; representative to Canadian Corps, Miss Catherine MacKay.

The *Calgary Unit* has elected the following officers: president, Miss Lavell; first vice-president, Miss H. B. Acton; secretary-treasurer, Mrs. John Mulholland; Red Cross convener, Miss N. Shearer; telephone secretary, Mrs. S. S. Nelson; social convener, Mrs. B. E. Hull; press reporter, Mrs. Wilfred Paterson. During 1941 the Unit made and donated over 20,000 articles of clothing and surgical dressings. Two R.C.A.M.C. Nursing Sisters, Ruth Turnbull and Lula McComb, who are awaiting departure for service in South Africa, were guests of the Unit at the annual meeting.

The *Montreal Unit* recently held its annual meeting and excellent reports of work accomplished were accorded due appreciation Officers were elected as follows: president, Miss C. M. Watling; vice-president, Miss Gwen Holland; treasurer, Miss Connie Harrison; executive committee: Mrs. C. E. Bisaillon, Mrs. A. R. Ketterson, Miss Eva Cumbers; convener, wool committee, Mrs. H. Routh; sick visiting committee, Miss Edith Campbell.

The *Windsor Unit* recently held its annual meeting and a donation of $30 was voted to the Red Cross. The following officers were elected: president, Miss Ann Hicks; vice-president, Mrs. W. J. Elliott; treasurer, Miss Lucy Bailey; secretary, Miss Ida Bull.

The *Toronto Unit* announced that, at its annual meeting, careful study of the proposed amendments to the O.N.S.A. constitution and by-laws would take place. Copies of the draft of the proposed amendments, prepared by Miss Edna Moore, have been issued by the secretary-treasurer of the O.N.S.A., for purpose of study, to all Units.

The death of Miss Muriel Margaret Fell, a member of the Toronto Unit, is regretfully recorded.

How you may help the Red Cross

Graduate nurses with an hour to spare each week, can be at this time, of great service to their country. We have all wondered how best our training might be used, and this opportunity is ours, now. The Red Cross Courses in Home Nursing and Emergencies in War are simple, basic, and provide for demonstration. Well thought out teaching guides are provided so that no one need hesitate to volunteer for lack of experience in teaching. There is need for a great number of people who know what to do in illness or emergency until trained aid arrives, and we, who have that knowledge can make a worthwhile contribution to the war effort by helping to train others.

To undertake a new venture, which one can successfully conclude, always gives one a thrill! To see a group of young people respond to one's efforts at teaching, with enthusiasm and pleasure, turns the thrill into a glow of real pride. Such an experience was mine recently, when I watched a group of high school girls demonstrate some of the things that they had learned in a Red Cross home nursing class. My pride, as their teacher, was reflected in their pride of knowledge, and the sure way they undertook their assignments. This class was not the first, or the twenty-first, I had taught, so could not be called a new venture, but each new class brings its own personalities and pleasures (and sometimes problems) and presents a fresh challenge to the instructress.

All graduate nurses may help the Red Cross in giving these courses in their own communities. We are all desirous of doing all we can to help along the war effort, and this is a piece of work that will accomplish that and give real personal satisfaction as well.

Marion Starr

(*Mrs. Gilbert Storey*)

A.R.N.P.Q. Annual Meeting

The annual meeting of the Association of Registered Nurses of the Province of Quebec will be held on May 15, 1942, in the Windsor Hotel. The curtailment of the Meeting to one day is due to the fact that the Canadian Nurses Association will meet in Montreal in June. Sessions will be as follows: 9.00 a.m.—Hôtel-Dieu de St. Joseph—General meeting of the Hospital and School of Nursing Section (French Group); 2.30 p.m.—York Room, Windsor Hotel—General business session, with address by the president; 8.30 p.m.—General meetings in French and English will be conducted concurrently in the York Room and the Prince of Wales Salon. Further details regarding program will be announced in the daily papers at later dates. Room 129 adjoining the York Room has been reserved for voting and will be open for convenience of members on May 15 from 2.30 to 10.30 p.m. Ballots may also be cast at Hôtel-Dieu between 9 a.m. and 12 noon. The ballot box closes at 10.30 p.m., May 15. Members will be eligible to vote upon presentation of 1941 registration renewal certificate.

Nurses Wanted for the Grenfell Mission

Three nurses are urgently needed for the Grenfell Mission—one for hospital service and two for duty in nursing stations. Even in time of war, this vitally important work must not be allowed to suffer. Full particulars may be obtained from Miss E. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks St., Ottawa.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Marion Kent, a graduate of the University of Toronto School of Nursing, *Miss Laura Wheelband,* a graduate of the Hamilton General Hospital, and *Miss Madeline Smith,* a graduate of St. Joseph's Hospital, Hamilton, have been appointed to the Hamilton Branch.

Miss A. Whiston, a graduate of the Victoria General Hospital, Halifax, and of the course in public health nursing at the McGill School for Graduate Nurses, and who has recently completed a postgraduate course in communicable disease nursing at the Alexandra Hospital, Montreal, has been appointed to the Truro Branch.

Miss Elaine Lefebvre, a graduate of the Ottawa General Hospital, has been appointed to the Lachine Branch temporarily.

Miss Georgia Byers, a former Victorian Order Nurse, has returned to the Halifax Branch temporarily.

Miss Muriel Rice, formerly staff nurse on the Kirkland Lake Branch, has been appointed nurse-in-charge.

Miss Edna Dysart, a graduate of the Moncton Hospital, *Miss Elsie Schuman,* a graduate of St. Paul's Hospital, Saskatoon, *Miss Helen Kay,* a graduate of the Toronto General Hospital, and *Miss Margaret Baker,* a graduate of the Children's Hospital, Halifax, having completed two months' supervised experience on the Montreal staff introductory to Victorian Order work, have been posted respectively as follows: Kingston, Regina, Hamilton, and Montreal.

Miss Edith Horton has been transferred from the Kirkland Lake Branch to the Kitchener Branch as nurse-in-charge.

Miss Christene McKinnon has been transferred from the Halifax Branch to the Prince Albert Branch as nurse-in-charge.

Miss Ellen Linton has been transferred from the Canso Branch to the Sackville Branch as nurse-in-charge.

Miss Constance Leleu, who relieved on the Sackville Branch for three months, has returned to the Hamilton Branch.

Miss Winnifred Ashplant has resigned from the Kitchener Branch as nurse-in-charge to accept the position of public health nurse in the secondary schools in London.

Miss Anna McFarland has resigned from the Kingston Branch to join the Nursing Service of the R.C.A.M.C.

Miss Marion Mercer has resigned from the Montreal staff to accept a position on the staff of the Montreal General Hospital.

Miss Marjorie Cowan has resigned from the Regina Branch to accept a position on the Collegiate staff of Regina, Saskatchewan.

Mrs. Jeanette Hicks has resigned from the Montreal Branch where she was temporarily employed.

M.A.R.N. Annual Meeting

The annual meeting of the Manitoba Association of Registered Nurses will be held on April 24 and 25 at the Fort Garry Hotel in Winnipeg. Although full details are not yet available it is already apparent that the program will be both timely and interesting. The main theme is to be "Nursing and Defence" and the speakers will include representatives of the Army, Navy, and Air Force. The importance of civilian defence measures will also be emphasized. An evening session, which will take place at the Children's Hospital, is to be devoted to the study of nursing care in poliomyelitis. Other topics are war neuroses and the technique of blood transfusion. Special attention will also be given to industrial nursing. An important feature will be the presentation of a report, prepared by the School of Nursing Advisor, which sets forth the effect which the defence program is having upon schools of nursing in Manitoba. Some pleasant social

functions are being arranged, including a luncheon and the usual banquet. It is hoped that there will be a large attendance, especially of out-of-town members.

M.L.I.C. Nursing Service

Miss Jeannine Coupal (Ottawa General Hospital, 1937, and public health nursing course, McGill School for Graduate Nurses, 1939) has resigned to join the Royal Canadian Air Force as Nursing Sister. Miss Coupal has been in charge of the Metropolitan nursing in Chicoutimi, Que.

Miss Irene Dubreuil (St. Luc Hospital, Montreal, 1934, and public health nursing course, University of Montreal, 1936) has been transferred from Montreal to Chicoutimi, replacing Miss Coupal.

Miss Antoinette Larose (St. Justine Hospital, 1935, and University of Montreal public health nursing course, 1938) has resigned from the Metropolitan Life Insurance Company to be married. Miss Larose has been on the Quebec City Nursing Staff.

The quarterly meeting of the nurses of the Metropolitan Life Insurance Company of Montreal was held recently with the president, Miss Adrienne St. Onge, in the chair. The speaker was the Rev. Father Noel Mailloux, O.P. who entertained the audience by developing in a most brilliant and practical way the following subject, "Our Nurses and the War". The nurses were impressed by the moral value of the lecture by which we will all personally profit; this standard they will spread in our population by their daily contacts with the families.

Ontario Public Health Nursing Service

Miss Elizabeth Edwards, B.A., has resigned the position she has occupied for five years with the Simcoe Board of Health. She has accepted a post at Picton where the municipal authorities are undertaking the establishment of a generalized public health nursing service.

Miss Marion Kidney (Calgary General Hospital and University of Toronto School of Nursing, 1935) has been appointed to the York Township public health nursing staff.

Miss Helen Thompson, public health nurse, Weston, has returned to duty after a leave of absence.

Miss Mary Swan (Johns Hopkins School of Nursing and University of Toronto School of Nursing) who received from the Rockefeller Foundation a fellowship for one year of advanced study and experience, is with the St. Catharines Department of Health for three and a half months. In April she will spend two weeks with the nursing service of the United Counties Health Unit.

Miss Louise Grover has resigned as public health nurse with the Renfrew Board of Health.

WANTED

Applications are invited by a 380-bed hospital for the following positions:

Instructor in Nursing
Supervisor of the Children's Section
Hospital Dietitian

Apply in care of:
Box 12, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.

NEWS NOTES

ALBERTA

RED DEER:

At a recent meeting of Red Deer District No. 6, A.A.R.N., Dr. C. D. Husband, of Red Deer, gave an interesting and instructive talk on the newer developments in local anaesthesia, with special reference to the use of local anaesthetics in the practice of dentistry.

BRITISH COLUMBIA

TRAIL:

Miss Marjorie Fletcher was elected chairman for the third consecutive year when the Trail Registered Nurses Association held its annual meeting recently with 60 nurses present. Miss Vera B. Eidt, superintendent of Kootenay Lake General Hospital in Nelson and chairman of the West Kootenay District Nurses Association, was the guest speaker. She gave a short review of the history of the International Council of Nurses, the Provincial Nurses Association, and the West Kootenay chapters. Miss Eidt said that it was felt that the organization of a West Kootenay district association with its chapters had encouraged co-operation between the nurses and this had made for a firmer foundation with a better feeling of fellowship.

The next West Kootenay district meeting will be held in Trail in February or March when delegates will meet from Rossland, Trail, Nelson and Nakusp-New Denver. The question of sending a delegate to the biennial meetings of the Canadian Registered Nurses Association in Montreal will be discussed at the district meeting.

The following were elected to office during the coming year: President, Miss Marjory Fletcher; vice-president, Miss Edythe Crosson; secretary, Miss Phyllis Slader; treasurer, Miss Eileen Somerville; correspondent to *The Canadian Nurse*, Miss Joyce Greenwood.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association the president, Mrs. S. Perdue, was in the chair. Approximately $200 has been realized from the various groups for the British Nurses Relief Fund. The Downtown Section were in charge of the meeting, and Miss M. Gemmell introducted Dr. H. S. Sharpe who outlined the general principles of A.R.P. Work. Miss D. Robinson voiced appreciation to Dr. Sharpe, and a social hour followed.

The Brandon Graduate Nurses Association recently met with the president in the chair. During the reports from the various groups, Mrs. S. J. S. Pierce revealed that 101 utility bags had been sent to air raid shelters in Britain. The guest speaker was Miss Mary Adams, of the Y.W.C.A., who was introduced by Miss Blanche Brigham. Miss Adams gave a vivid description of her experiences in Britain during the first ten months of war. Miss Agnes Crighton thanked the speaker and a social hour followed. Thirty-one were in attendance. The married nurses section of our association recently sponsored a successful dance in aid of war work.

ST. BONIFACE:

St. Boniface Hospital:

Miss Irene Millar (1936) left Canada recently for military service overseas. Miss J. Parenteau (1929) is at the Modesta Hospital, California. Miss Nancy Woznesensky (1941) is attending the University of Minnesota to obtain a Bachelor of Science degree in nursing education. Miss Frances Brennan (1940) and Miss Audrey Armstrong (1941) have been employed as stewardesses with the T.C.A. Miss Mary Fitzpatrick (1916) is doing general duty at the Mountain Sanatorium, Hamilton. Miss K. McKinnon (1938) expects to leave shortly for military service in South Africa. Miss Jeanette Parent (1941) is taking a course in public health nursing at the McGill School for Graduate Nurses.

The following marriages have recently taken place: C. Crittenden (1938) to Wm. Young; L. Reimer (1941) to Ernest Friesen.

NEW BRUNSWICK

SAINT JOHN:

The annual meeting of the Saint John Chapter, N.B.A.R.N. was held recently when the following officers were elected: President, Miss Lois Smith; first vice-president, Miss Louise Bartsch; second vice-president, Miss Helen Cahill; secretary, Miss Marjorie Harding; assistant secretary, Miss Florence Daly; treasurer, Miss Marjorie Weir.

The following nurses from Saint John recently left for South Africa: Miss Alice Carney, supervisor from Saint John General Hospital; Miss Marion McGowan, assistant superintendent of nurses, Provincial Hospital; Miss Frances Munro and Miss Margaret McAllenan, supervisors from Provincial Hospital. The following nurses have joined the Nursing Service of the R.C.A. M.C.: Miss Helen K. Stuart, supervisor from the Saint John General Hospital; Miss Miriam Foley and Miss Edith Biggs, of the general duty staff, Saint John General Hospital.

Miss A. Hickey has joined the staff of the Saint John General Hospital as supervisor of the medical ward.

The following marriages of Saint JohnGeneral Hospital graduates have recently taken place: Miss Lena Mae William (1930) to Mr. Allan Copp; Miss Marion Christie (1936) to Mr. James W. Brittain; Miss Henrietta Redmore (1933) to Sub-Lieut. Horace Denyer; Miss Marjorie Cunningham (1935) to Staff Sgt. Gerald Shea; Miss Evelyn Fieridel (1941) to Lieut. Louis Ourick.

ST. STEPHEN:

Miss Myrtle Dunbar, vice-president, recently presided over a well attended meeting of the St. Stephen Chapter, N.B.A.R.N. Dr. N. E. Cobb, of Calais, Maine, gave an interesting talk on the "Sulfa" drugs. Following the business meeting, Dr. and Mrs. W. H. Bunker showed their colored films of their recent trip to the West Indies. A social hour followed.

A well attended Beano party was held by the local chapter in aid of the British Nurses Relief Fund. A fish pond, in charge of Miss Adolphine Vanheddegem, was well patronized. The party netted $50 which will be donated to the Fund. Miss Aldana Leland was general convener. Miss Reta E. Follis attended the council meeting of the N.B.A.R.N. which was held recently in Moncton.

The following marriages have recently taken place: Helen K. Jones (C.M.H., 1938) to Joseph Buvolic; Marian Mersereau (C. H.M., 1940) to Stephen Moshier.

NOVA SCOTIA

HALIFAX:

At a recent meeting of the Halifax Branch important news from National and Provincial Executive meetings was discussed by Miss Marjorie Jenkins, president of the Registered Nurses Association of Nova Scotia. It was also announced that a nurses Official Directory has been organized which will be sponsored by the Halifax Branch of the Registered Nurses Association of Nova Scotia and will include all registered nurses available for private duty nursing.

A need has long been felt for such a service where the public will be able to call at any time during the day or night and get in touch with a trained nurse. Announcements are being sent to the hospitals, doctors, and superintendents for their own reference.

The Association is assuming this responsibility in Halifax because of the urgent need in this city of a qualified nursing service available to the public. Only nurses holding the registered nurse certificate will be listed for service. The hospitals have heretofore maintained a similar service but the new directory will include nurses who graduated from various hospitals and those who have recently come to Halifax from another province or district in Nova Scotia, and have registered.

The director will be Mrs. E. Haliburton and it will be located in her home, 310 Jubilee Road. The business telephone number is B 6469 and calls will be answered either day or night and at any hour. Although at present the directory only includes private duty nurses it is hoped to enlarge it and to include nurses of all types.

KENTVILLE:

At a well-attended meeting of the Valley Branch, R.N.A.N.S., which was held recently, the library committee gave a short review of the book, "This Above All", by Eric Knight, which has been purchased by the library.

ONTARIO

DISTRICT 1

SARNIA:

Sarnia General Hospital:

The Alumnae Association of the S.G.H. recently held a refresher course at the hospital with a good attendance. The program included demonstrations of the Wangensteen suction, by Mrs. Elrick; post operative care of duodenal ulcers, by Miss O'Malley. Lectures were given as follows: treatments of eye, ear, nose and throat, by Dr. Hunt; infant feeding, by Dr. Jackson; endocrinology, by Dr. Borrowman; diabetes, by Dr. W. Carruthers.

The graduate nurses held bridge parties in various homes in aid of the British Nurses

After — A HARD WINTER

Glycolixir
SQUIBB
Elixir Glycocoll
E.R. Squibb & Sons of Canada, Ltd.
Toronto, Canada
1 lb.
NAVITOL MALT
COMPOUND
SQUIBB
Syrup with Liver Extract
and Dicalcium Phosphate
VITAMIN ASSAYED
For dose and potency see side panel
E.R. Squibb & Sons of Canada, Ltd.
Toronto, Canada
Printed in Canada

For "the Habitually Tired Patient"

GLYCOLIXIR

This elixir of glycocoll—the simplest of all amino acids—exerts an appreciable effect on the retention of creatine which plays a part in muscle metabolism. Better appetite, a higher level of general health and well being have been reported following its use.

Dose: Adults—1 or 2 Tablespoonfuls t.i.d.

For Convalescents and the Undernourished

NAVITOL MALT
COMPOUND

A palatable dietary supplement providing vitamins A, B, D and B Complex with dicalcium phosphate and liver extract.

Dose: Adults —1 - 2 tablespoonfuls daily.
Children—1 - 3 teaspoonfuls.

For literature, write 36 Caledonia Road, Toronto

E·R·SQUIBB & SONS OF CANADA, Ltd.
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

WANTED

An **Operating Room Supervisor** is wanted immediately for an 80-bed General Hospital in Cornwall, Ontario. The applicant must have had a postgraduate course in surgery, be a good organizer, and capable of teaching student nurses. Apply to:

The Superintendent, Cornwall General Hospital, Cornwall, Ont.

Relief Fund. Miss Shaw and Miss Siegrist received the guests at the hospital for tea. Miss Thompson, Miss Stirret, Mrs. Walker and Mrs. Carruthers presided with graduate nurses assisting.

The following marriages have recently taken place: Miss Helen Robbins (1938) to Mr. M. Fleming, R.C.A.F.; Miss Irene Dunford (1941) to Mr. S. Brock.

LONDON:

St. Joseph's Hospital:

Misses Hilda Dietrich and Jean McDougall, of St. Joseph's Hospital Alumnae Association, recently left for South Africa, and were presented with leather writing kits by their Alumnae Association.

CHATHAM:

Married: Recently, Miss Jean M. Cullingham (Chatham Public General Hospital) to Airman Don E. Lindsay.

DISTRICTS 2 AND 3

STRATFORD:

Stratford General Hospital:

A social afternoon was held recently for the Alumnae Association of the Stratford General Hospital when Miss A. M. Munn, of Toronto, was the honoured guest. At a regular meeting of the Alumnae Association held recently, Dr. T. R. Nichols, as guest speaker, gave an interesting address on anaesthesia. A group of talks, which should prove interesting, have been arranged for the winter months for the members of the Alumnae Association.

Miss L. M. Wilks (S.G.H.), who for the past 13 years has served on the staff of the S.G.H. as supervisor, has been called for military service. Miss Jean Bell (S.G.H.) and Miss Bessie Williams (S.G.H.) have completed postgraduate courses in obstetrics at the Royal Victoria Hospital, Montreal. Miss Bell has accepted a position at the Brantford General Hospital as assistant obstetrical supervisor and Miss Williams has been appointed obstetrical supervisor in the S.G.H., replacing Miss Wilks.

At a regular meeting of the Alumnae Association held recently, Dr. D. Smith, of Stratford, spoke on the life and writings of Robert Burns.

KITCHENER:

The Alumnae Association of the Kitchener and Waterloo Hospital has contributed $115.75 to the British Nurses Relief Fund. Word has been received that Nursing Sister Helen Peer has arrived safely in South Africa.

Married: Recently, Miss D. Baker (1940) to Mr. R. Ruppel.

DISTRICT 4

HAMILTON:

The annual meeting of District 4, R.N.A.O., was held recently at the Hamilton General Hospital. Miss Mary Buchanan, of Niagara Falls, was elected chairman for the coming year. The meeting was well attended by members from Hamilton, St. Catharines, Niagara Falls, and Welland.

Nursing Sister Hazel E. Tilling, formerly of the Hamilton General Hospital staff, is now serving with the Royal Canadian Navy.

Married: Recently, Miss Stella Paikin to Mr. Waxman.

WELLAND:

Married: Recently, Miss J. Beverly Rolph to Lieut. George Street.

DISTRICT 5

TORONTO:

A special meeting of District 5, R.N.A.O., was held recently at St. Michael's Hospital, Toronto, the occasion being the visit to our District of Miss Ethel Johns, editor and business manager of the *Journal*. All business was dispensed with, the time being devoted to *The Canadian Nurse* program which took the form of "Information Please", a broadcast over station C.N.A. (Canadian Nurses Association) with Miss Sewell of the Toronto General Hospital acting as

Master of Ceremonies. We were very fortunate in having at our meeting Dr. Helen McMurchy, O.B.E., the first editor, and Miss Christie, the first business manager of the *Journal*. Miss Elsie Hickey, chief nurse warden, briefly explained the setup of Civilian Defence, Medical Division, and urged all nurses to register for same during the coming week. The approximate attendance was two hundred.

A meeting of second and third year nurses of the Schools of Nursing of District 5 was held recently under the auspices of the Inter-School Association. Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, was the guest speaker. This meeting which was very stimulating, interesting and informative, was very well attended. Following the meeting a reception was held, the Inter-School group being hostesses.

Women's College Hospital:

We recently celebrated our twenty-first birthday with Miss H. T. Meiklejohn, superintendent of the hospital, and Mrs. H. M. Bowman, founder of the organization, among the honoured guests. The proceeds of a bridge, amounting to $150, was applied to the British War Victims Fund. The value of our scholarship was increased one hundred percent, and $50 was donated to the hospital. A number of ditty bags were filled and all donated to the Navy League.

We had an out-of-town members night when letters were read from many of the early graduates of our hospital. Miss Chan, the first Chinese nurse to graduate in Toronto, contributed with a most interesting resumé of her activities in war-torn China where she is superintendent of a hospital and has adopted Chinese war orphans.

During the year we had a very interesting program of lectures. Miss Rayfield, the hospital pharmacist, gave an instructive lecture on new drugs. Miss Freda Held, of the Children's Aid, spoke on the reception and accommodation of war guests. Lieut. K. Gythfeldt, of the Royal Norwegian Naval Air Force, was guest speaker at our annual dinner held in honour of the graduating class. He vividly portrayed the invasion of Norway, not always dwelling on the tragic side, but with his inimitable wit depicting the humourous incidents. Mrs. W. Strange's description of the work of the Navy League and her appeal for helpers was another informative discourse. Miss McCorquodale's lecture, "A Nurse looks at Radiology" was also very instructive.

Three of our nurses are on active service overseas — Miss Dorothy Macken (1932), Miss Ethel McKenzie (1932), and Miss Ivy Acworth (1938). Many others are on duty in various stations in the province.

"OH, PALMOLIVE — MY FAVOURITE SOAP! I'M SO GLAD YOU USE IT HERE TOO!"

Nurses and Patients Agree:

PALMOLIVE

makes bathing more pleasant

Nurses know how beneficial Olive and Palm Oils are to sensitive skin. That's why, when it comes to soaps, they choose Palmolive, the *only* leading toilet soap made with the *costliest* blend of soothing Olive and Palm Oils — *Nature's* finest skin conditioners. Palmolive is a purely vegetable soap . . . no animal fats . . . no artificial colouring . . . no bleaches that sometimes irritate sensitive skin. Palmolive is as pure as a soap can be!

PALMOLIVE is one of the "little things" patients call important!

More patients use Palmolive at home than any other leading beauty soap!

Wellesley Hospital:

At the annual meeting of the Alumnae Association of Wellesley Hospital the following officers were elected: Honourary president, Miss Elsie K. Jones, superintendent of nurses; president, Miss Jean Harris; first vice-president, Miss Mary Stanton; second vice-president, Miss Mary Johnston; corresponding secretary, Miss Margaret Russell; assistant corresponding secretary, Miss Agnes MacLean; recording secretary, Miss Gretchen Schwindt; assistant recording secretary, Miss Elsie Turner; treasurer, Miss Jean Brown; treasurer for Sick Fund, Miss Doris Good; custodian, Miss Dorothy Fatt; auditors: Miss M. Ferguson, Mrs. G. Gundy; general committee: Miss Edith Cowan, treasurer for Elizabeth Flaws Memorial Fund, Misses J. Hayden, Betty Calvert, Jean Laird, Hermione Wark, Grace Bolton, Mrs. Reeve.

Encouraging reports of the year's work were given as follows: Miss Edith Cowan—Wellesley Hospital Alumnae Auxiliary has sent 1347 articles to the Red Cross, 455 articles for refugees, and has made 5333 dressings; Miss Grace Bolton—371 knitted articles were sent to Canadian and British sailors; Miss Jean Harris—322 knitted articles were sent to the Red Cross; Miss Mary Stanton—250 pounds of clothing were sent to evacuee children in England. It was decided to have a series of progressive teas in aid of war work.

Identification bracelets were presented to Miss Jane Whyte, the first Wellesley nurse to serve with the R.C.N.V.R., and to Miss Agnes McElheran who will serve in South Africa. An honourary life membership in the Alumnae Association was presented to Miss Edith Cowan by Miss Helen Carruthers. Miss Jean Brown presented a travelling clock to Miss Grace Bolton, the retiring president, in appreciation of services during the past two years. Miss Elsie K. Jones spoke on A.R.P. and defence work in hospitals. A social hour followed.

St. John's Hospital:

The annual meeting of the Alumnae Association of St. John's Hospital was held recently when the members met at dinner, joined by the Nursing Sisters. Everyone attended vespers in Chapel, and later the business meeting was held. Sister Beatrice told of new developments in convalescent care, and of the A.R.P. and first aid lectures which the staff has taken. The list of knitted garments, made by the Alumnae Association, was read, and more wool was distributed. Boxes have been packed and sent to our members who are on active service, and contributions were received for the British Nurses Relief Fund.

Married: Recently, Mossie Draper to John Everett.

DISTRICT 8

OTTAWA:

St. Luke's Hospital:

The annual report of St. Luke's Hospital Alumnae Association revealed the following: Our annual dinner was held when 50 nurses were in attendance. A tea was held at the home of Mrs. J. Hall when $100 was raised in aid of the British Nurses Relief Fund. Twenty-five dollars had already been donated to this fund. A raffle, on needlepoint made by Miss Norma Lewis, yielded $60. In June, our meeting took the form of a picnic at the country home of Miss Peg Heron.

PRINCE EDWARD ISLAND

SUMMERSIDE:

Prince County Hospital:

At a recent meeting of the Prince County Hospital Graduate Nurses Refugee Club a letter of appreciation from the Summerside Branch of the Red Cross was read thanking the Club for its contribution of sewing, knitting, and blankets. Proceeds from a recent dance, sponsored by the Alumnae Association of Prince County Hospital, will be divided between the Alumnae Association and the Graduate Nurses Refugee Club of P.C.H.

Miss Adrice Campbell (1938) has accepted a position at the King Edward VII Memorial Hospital, Bermuda. Miss Marjorie Bryenton (1941) left recently for the Laurentian Sanatorium, Ste. Agathe, where she will do postgraduate work. Miss Norma Craig (1940) has completed a postgraduate course at the Children's Memorial Hospital, Montreal, and has accepted a position on the staff of that hospital. Miss Pauline Callbeck (1940) recently accepted a position as general supervisor of the P.C.H. Miss Pauline Hiltz (1940) has completed an "extra experience" course in surgery at the Montreal General Hospital, and has now returned to the P.C.H. as operating room supervisor.

The following marriages have recently taken place: Irene Champion (1935) to Victor Isaac; Ena Webster (1941) to Pte. William Mills; Enid Lewis (1937) to Clayton Thomas.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Ellen Reid (1930) has resigned her position as supervisor of health service in the training school and has been succeeded by Miss Miriam Mercer (1926). Miss Mercer was formerly on the staff of the Verdun Branch of the V.O.N. Miss Peggy Moss (1935) who has been nursing in a military hospital in England has joined the staff of No. 14 Canadian General Hospital as a Nursing Sister. Miss Anne Fleming (1939) has been appointed as stewardess with the Trans-Canada Air Lines. Miss Janet MacDonald (1940), Nursing Sister with the R.C.A.F., has been transferred from Uplands, Ontario, to Moncton, N.B. Miss E. Starkey (1941) is a member of the operating room staff in the Hospital for Sick Children, Toronto. Miss Mary Clark (1941) has been appointed to the night staff of the Central Division. Miss Lorna Ellard (1941) and Miss Florence Buffett (1942) have been appointed to the staff of the Central Division. Miss Dorothy Burgess (1941) and the Misses Shirley Laughlin, Eileen Ingram, Edythe Moore, Rosamund Wilson, Katherine Miller, and Marcia Beek are doing general duty at the Western Division.

*Royal Victoria **Hospital**:*

At a recent meeting of the Alumnae Association of the Royal Victoria Hospital Mr. Christopher Ellis gave an interesting talk on books of the day. The Meredith residence, which through the generosity of Lady Meredith has been presented to the Hospital for an annex to the nurses' home, was recently open for inspection. Miss F. Munroe and the nurses living there were at home to the medical staff, their wives, and friends of the Hospital and School of Nursing. The residence will accommodate 26.

Misses Arendt, Cummings, Short, and Inch (1941) are taking the course of lectures in ward teaching and supervision at the McGill School for Graduate Nurses. Miss Beatrice Allen (1939) is instructor at the Kenora General Hospital, Ontario.

The following marriages have recently taken place: Muriel Donahue (1940) to Flying Officer Melvin Giles; Mary Marguerite Miles (1941) to Gilbert Fauquier; Mary Evelyn Hutchinson (1936) to Dr. Munroe Marshall Kissane.

*Homoeopathic **Hospital**:*

At the annual meeting of the Alumnae Association the following officers were elected: honourary president, Miss Vera Graham; president, Miss N. Gage; first vice-president, Miss Jessie Morris; second vice-president, Mrs. R. Johnson; secretary, Miss Marion Stewart; assistant secretary, Miss J. Darragh; treasurer, Mrs. E. Warren; assistant treasurer, Miss I. Garrick; committee conveners; sick benefit, Mrs. Warren; visiting, Miss D. Campbell, Miss M. Currie; refreshment, Miss E. Perron; program, Miss A.

NURSES — TRY THIS PLAN

WHEN your patients gag at plain milk, mix "JUNKET" RENNET POWDER in lukewarm milk and let it set for ten minutes. You will then have a light delicious rennet-custard such as the most delicate patient can take without difficulty.

The nourishment of the milk is enhanced by the rennet enzyme, which helps digestion.

Six flavours, vanilla, chocolate, lemon, orange, raspberry and maple, give piquant variety.

NET WGT. ONE POUND
'JUNKET'
BRAND
RENNET POWDER
for making Rennet-Custards
VANILLA FLAVOR

"Junket" Rennet Powder
"Junket" Rennet Tablets
(Note: the Tablets are not flavoured. Add sugar or flavouring to suit patient's taste.)

Order from

"THE 'JUNKET' FOLKS"
Chr. Hansen's Laboratory
833 King St. West - Toronto, Ont.

ONE WHITE
TUBE CREME

ONE WHITE
TUBE CREME

Preferred by Nurses for continued use as it cleans better, works faster, and contains ingredients to preserve fine footwear.

Made in Canada by Canadians specializing in the manufacture of fine shoe dressings.

Sample tube mailed to any nurse on request to:
EVERETT & BARRON OF CANADA, LTD.,
914 Dufferin St.
Toronto.

WILL NOT RUB OFF

MANUAL OF PHARMACOLOGY

By Mary Sewall, B.S., R.N., Instructor in Nursing Education, San Joaquin General Hospital, Stockton, California. 220 pages, illustrated. Just issued. $2.35.
This new book consists of a basic framework of Pharmacology, covering material for both elementary and advanced Materia Medica courses. Questions and problems in arithmetic begin the study, then drugs, prescriptions and solutions are defined and explained. Essential information regarding poisons, poisonous dosage, antidotes, etc., is condensed and highlighted. Review questions conclude each chapter.

McAinsh & Co. Limited
Dealers in Good Books Since 1885
388 Yonge St. Toronto

The American Hospital Bureau
1825 Empire State Building
New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisors, Anaesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.

C. M. Powell, R. N., Director

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses
at any hour
DAY or NIGHT
TELEPHONE Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West, TORONTO
HELEN CARRUTHERS, Reg. N.

NEURALGIA

Cooling, soothing Mentholatum instantly relieves the stabbing pain. Also for head colds, chapping, burns and bruises. Jars and tubes, 30c.

MENTHOLATUM
Gives COMFORT Daily

E. Macdonald; general nursing section, Misses Grace Allnutt, C. Snasdell-Taylor; representatives to: Local Council of Women, Misses M. Lunny, M. Hayden; *The Canadian Nurse*, Misses M. Fox, P. M. Bridgette. The members have been active in war work, and under the convenership of Miss M. Bright have contributed over $425 to the Spitfire Fund; the staff and general duty nurses also contributed $100 to the British Nurses Relief Fund. A scholarship of $100 has been offered for the purpose of studying the central supply room system. Arrangements have been made for this work to be done in Toronto, the recipient then returning to set up a central supply room at the Homoeopathic Hospital.

Misses L. Findlay and M. Lodge are now in England on military nursing service. Miss Janet Dunn is with the Nursing Sisters in South Africa. Miss Beryl Rutherford is now at an Eastern Canadian port with the Royal Canadian Navy. Miss Mina Sleith is with the Royal Canadian Air Force at St. Hubert.

McGill School for Graduate Nurses:

Miss Ella Howard (T. & S., 1938-39) has recently been appointed superintendent of nurses in the Saskatoon City Hospital. Miss K. McLean (T. & S., 1941) is now a Nursing Sister with the Regina Military Hospital. Recent visitors at the School were Nursing Sister Edith Weston (T. & S., 1939) and Miss Willa Ahern (P.H.N., 1936).

SASKATCHEWAN

SASKATOON:

A refresher course was sponsored recently by the Saskatoon Registered Nurses Association for the benefit of nurses who are not engaged in the active practice of their profession but who wish to keep abreast of modern methods. It proved to be a great success and there was a large registration. Great interest was displayed in the various lectures dealing with first aid, nutrition, prenatal care, infant feeding, and nursing care in communicable diseases such as poliomyelitis, encephalitis and tuberculosis. The course was held at St. Paul's Hospital, Saskatoon, and lasted a whole week. Miss Bjarnason, a supervisor at the Saskatoon City Hospital, was the very efficient chairman of the arrangements committee. The nurses who registered for this course have all signified their willingness to be called up for service in case of emergency.

Dr. Arthur Wilson, medical health officer, emphasized the importance of every man, woman and child being immunized, especially now that war was necessitating mass movement of men. Dr. L. H. McConnell spoke on head injuries and neuro-surgery. Other doctors who took part in the course were J. F. C. Anderson, J. Sewdon, H. A. Matheson, E. Landa, H. C. Boughton, D. M. Baltzan, Griffith Binning, B. R. Burwash. Among the lecturers were Miss E. James, Miss Bole, Miss Beechenor, Dean Woods, and Miss K. O'Callaghan.

Miss Betsy Beaton (S.P.H.S.) recently resigned from the Sanatorium staff to take up duties with the military service in South Africa. Miss M. G. Gould (V.G.H.) recently resigned from the nursing staff at the Sanatorium to join the nursing service of the R.C.A.M.C.

Saskatoon City Hospital:

The following officers have been elected to serve during the coming year by the Alumnae Association of the Saskatoon City Hospital: Honourary President, Miss E. Howard; president, Miss M. Chisholm; first vice-president, Miss E. Collins; second vice-president, Miss E. Grant; recording secretary, Miss D. Bjarnason; corresponding secretary, Miss D. Duff; treasurer, Miss E. Graham; committee conveners: ways and means, Mrs. C. Fletcher; program, Mrs. H. Atwell; social, Mrs. J. Gibson; Red Cross, Mrs. T. Binnie; visiting and flower, Miss V. Bergren; press, Miss M. Fofonoff.

REGINA:

Regina General Hospital:

Miss Muriel E. Thompson (Winnipeg General Hospital, 1935) has been appointed to the position of assistant superintendent in the Regina General Hospital. She has taken a postgraduate course in teaching and supervision at the Toronto University School of Nursing. Miss Muriel Collins (Toronto General Hospital, 1939) has been appointed to the position of assistant operating room supervisor. She has recently completed a postgraduate course in operating room technique and management at the Royal Victoria Hospital, Montreal. Miss Anne Jarvie (Royal Alexandra Hospital, Edmonton, 1939) has been appointed to the position of second assistant in the operating room. Miss Jarvie completed the course in operating room technique and management at the Royal Victoria Hospital, Montreal, before assuming her new position. Miss Margaret Miller (Brantford General Hospital, 1940) has been appointed to the position of assistant supervisor in the obstetrical department. Miss Miller recently completed a postgraduate course in obstetrical nursing at the Royal Victoria Hospital, Montreal.

PERSONAL!
for BABY'S OWN

Baby's Own Tablets are babies' own personal laxative — their dosage carefully adjusted by extensive clinical tests, to the needs of babies' systems. These pleasant, simple, tablet triturates can be safely depended upon, for the relief of constipation, the disturbances and simple fever often accompanying teething, upset stomach and other minor ills so common to babyhood. They are mild and gentle in their action, are warranted free from narcotics and opiates, and have established themselves in their forty years of use, as being thoroughly trustworthy and safe.

BABY'S OWN Tablets

WANTED
Two Floor Supervisors

For a small hospital. The applicant must have graduated within the past ten years from an accredited school, and have had practical institutional experience. Splendid opening for nurses with initiative and executive ability. Apply, stating qualifications, age, and salary expected, to:
Miss Reta E. Follis, Superintendent, Chipman Memorial Hospital, St. Stephen, N.B.

Experienced Nurses Know
STEEDMAN'S POWDERS
From Teething to Teens

They know this safe and gentle aperient is ideal for infants and children, to relieve constipation, colic and feverishness and keep the little system regular. Steedman's Powders can be used with perfect confidence. Our "Hints to Mothers" booklet deals sensibly with baby's little ailments—for copies and samples of Steedman's Powders write: **JOHN STEEDMAN & CO., Dept. 10, 442 St. Gabriel St., MONTREAL.**

. . . *OFF* . . . *DUTY* . . .

Not long ago . . . we had to pay a flying visit to the United States . . . on official business, of course . . . and had quite a time getting over the border . . . First we had to be finger-printed . . . a messy business . . . but attended by results far less devastating . . . from an aesthetic point of view . . . than taking our passport photographs . . . We shuddered with apprehension when we presented these grisly proofs of identity to the immigration officer . . . and were immensely relieved when he decided to let us come into the country in spite of them . . . It was evening when we got to New York . . . and all the lights were blazing in the tall office buildings . . . No black-out, yet . . . but in our hotel room there was a rather sinister little card . . . telling us what to do in case of an air raid . . . and everywhere we looked Mayor Fiorello La Guardia had put up posters . . . entreating us to keep calm . . . and, above all, please not to shout . . . So we went to bed . . . quietly determined to be worthy of our British ancestry . . . and certainly to refrain from any unnecessary shouting . . . All day long . . . we were cribbed, cabined and confined in meetings . . . but early the next morning we stole away quietly . . . before our colleagues were awake . . . dashed into the subway and emerged at the tip of the Island of Manhattan . . . Here we just caught a big ferry boat called the "American Legion" . . . and set sail for Staten Island . . . return fare, ten cents. . . It was a brisk winter morning . . . and the harbour was as blue as the sky . . . We saw a tramp steamer flying the Turkish flag . . . and a great many gray hulls with long guns fore and aft . . . rounding up a flock of weather-beaten tankers . . . Over them towered the Statue of Liberty . . . holding her torch as high as ever . . . a noble and heartening sight . . . The breath-taking beauty of the New York skyline revealed itself as we drew away from it . . . and in our wake the seagulls swooped and screamed . . . fighting each other for their food . . . As we stood watching them . . . we noticed two pigeons sedately perched on the rail at the stern . . . Their round topaz eyes gazed at us expectantly . . . but, alas, we had not known they were going to be there . . . and had come empty-handed . . . However, they did not seem unduly disturbed . . . but sat there preening themselves in the wintry sunlight . . . They had an air of leisure and detachment . . . of taking things as they found them . . . and not too seriously at that . . . For some strange reason it was comforting to look at them . . . They did not have any qualms of conscience because they had stolen a few minutes from making plans and framing resolutions . . . They seemed to feel that, on a sparkling winter morning, it was good to be alive . . . to look at the sea and the sky . . . to smell the salt air . . . and to be aboard the ferry boat "American Legion" . . . just for the ride . . .

— E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President.. Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
First Vice-President........ Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
Second Vice-President Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.
Honourary Secretary .... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
Honourary Treasurer ....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held:* (1) *President, Provincial Nurses Association;* (2) *Chairman, Hospital and School of Nursing Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, General Nursing Section.

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University of Alberta Hospital, Edmonton; (3) Miss Audrey Dick, York Hotel, Calgary; (4) Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

Manitoba: (1) **Miss A. McKee**, V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss L. D. Acton, General Hospital, Kingston; (3) Miss G. Ross, 15 Queen's Park Crescent, Toronto; (4) Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

Saskatchewan: (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

Hospital and School of Nursing Section

CHAIRMAN: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

COUNCILLORS: **Alberta**: Miss H. S. Peters, Univercity Hospital, Edmonton. **British Columbia**: Miss F. McQuarrie, Vancouver General Hospital. **Manitoba**: Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick**: Miss Marion Myers, Saint John General Hospital. **Nova Scotia**: Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario**: Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island**: Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec**: Miss M. Batson, Montreal General Hospital. **Saskatchewan**: Miss A. F. Lawrie, Regina General Hospital.

General Nursing Section

CHAIRMAN: Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss F. M. H. Brown, Wolfville, N.S. Second Vice-Chairman: Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. Secretary-Treasurer: Miss A. Conroy, 404 Regent St., London, Ont.

COUNCILLORS: **Alberta**: Miss L. Hennig, 305 Bank of Toronto Bldg., Edmonton. **British Columbia**: Mrs. J. F. Hansom, 1178 Esquimalt Ave. West Vancouver. **Manitoba**: Miss C. Bourgeault, St. Boniface Hospital, St. Boniface. **New Brunswick**: Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia**: Miss G. Porter, 115 South Park St., Halifax. **Ontario**: Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island**: Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec**: Miss A. M. Robert, 5484-A St. Denis St., Montreal. **Saskatchewan**: Miss R. Wozny, 2216 Smith St., Regina.

Public Health Section

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

COUNCILLORS: **Alberta**: Miss Audrey Dick, York Hotel, Calgary. **British Columbia**: Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba**: Miss F. King, Ste. 1, Greysolon Apts., Winnipeg. **New Brunswick**: Miss A. Burns, Health Centre, Saint John. **Nova Scotia**: Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario**: Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island**: Miss Margaret Darling, Alberton. **Quebec**: Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan**: Miss Gladys McDonald, 6 Mayfair Apts., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss Margaret D. McLean, Hiss Helen S. Peters, Miss Audrey Dick, Miss Leona Hennig; *Chairmen of Sections*: *General Nursing*, Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton; *Hospital & School of Nursing*, Miss Helen S. Peters, University of Alberta Hospital, Edmonton; *Public Health*, Miss Audrey Dick, York Hotel, Calgary; *Rep.* to *The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblyn, Provincial Mental Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Miss Nessa Leckie.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Feisel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal, Gen. Hospital; *Public Health*, Miss A. Dick, City Health Dept.; *General Nursing*, Miss D. Cannon, Gen. Hospital.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. M. Webster, 558 Fourth Street, Medicine Hat; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V Leadlay; *Committee Conveners*: *Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps.* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drysdale, 5851 West Boulevard, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; First Vice-Pres., Miss E. McNally, General Hospital, Brandon; Sec. Vice Pres., Miss I. McDiarmid, 368 Langside St., Winnipeg; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Major P. Payton, Grace Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; Rev. Sister Breux, St. Boniface Hospital; Miss L. Stewart, 168 Chestnut St., Winnipeg; Miss H. Coram, 17 Chestnut St., Winnipeg; Miss P. Hart, Melita; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *General Nursing*, Miss C. Bourgeault, St. Boniface Hospital; *Public Health*, Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; *Committee Conveners*: *Instructors Group*, Mrs. Copeland, Misericordia Hospital, Winnipeg; *Social*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stothart, 320 Sherbrooke St., Winnipeg; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Nightingale Memorial Fund*, Miss Z. Beattie, St. Boniface Hospital; *Representatives* to: *Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, Bureau of Child Hygiene, Aberdeen Ave., Winnipeg; *The Canadian Nurse*, To be appointed; *Local Council of Women*, Mrs. A. L. Wheeler, Ste. 1, 221 Wellington Cres.; *Red Cross War Council*, Miss I. Broadfoot, 2B Anvers Apts., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec-Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Windsor Jct.; Sec. Vice-Pres., Miss J. Watkins, 68 Henry St., Halifax; Third Vice-Pres., Miss A. E. Fenton, Dalhousie P. H. Clinic, Halifax; Rec. Sec., Mrs. C. W. Bennett, 98 Edward St., Halifax; Registrar-Treasurer-Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep. to The Canadian Nurse,* Miss Flora Anderson, General Hospital, Glace Bay.

ONTARIO

Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice-President, Miss M. I. Walker; Second Vice-President, Miss J. Masten; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 630, Physicians & Surgeons Bldg., 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing,* Miss L. D. Acton, General Hospital, Kingston; *General Nursing,* Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; *Public Health,* Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts:* Miss J. M. Wilson, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss I. Shaw, Miss A. Baillie, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

District 1

Chairman, Mrs. C. I. Salmon; First Vice-Chairman, Major D. Barr; Sec.—Treas., Miss A. Kenny, Aberdeen Hotel, Chatham; *Councillors:* Misses Stewart, Wightman, Rathwell, Shaw, Perrin, Gray, Mrs. Wilson; *Conveners: Hospital & School of Nursing,* Miss P. Campbell; *General Nursing,* Miss H. O'Mahoney; *Public Health,* Miss M. Armstrong; *Enrolment,* Miss D. Birrell.

Districts 2 and 3

Chairman, Miss Mary F. Bliss; First Vice-Chairman, Mrs. K. Cowie; Second Vice-Chairman, Miss Olive Waterman; Secretary-Treasurer, Miss Hilda D. Muir, Brantford General Hospital; *Councillors:* Misses E. Eby, F. McKenzie, G. Westbrook, M. Grieve, C. Atwood, L. Trusdale.

District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors:* Sr. Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; *Conveners: Hospital & School of Nursing,* Sr. Eileen; *Public Health,* Miss H. Snedden; *General Nursing,* Miss S. Murray; *Emergency Nursing,* Mrs. A. Haygarth.

District 5

Chairman, Miss A. Bell; First Vice-Chairman, Miss K. McNamara; Sec., Mrs. E. Major, 10 Bonnyview Dr., Humber Bay; Treas., Mrs. R. Challener; *Councillors:* Misses G. Jones, R. Scott, J. Wallace, J. Mitchell, G. Versey, I. Lawson; *Committee Conveners: Public Health,* Miss L. Pettigrew; *General Nursing,* Miss I. Lindsay; *Hospital & School of Nursing,* Miss G. Giles.

District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners: Hospital & School of Nursing,* Miss E. Young; *General Nursing,* Miss N. DiCola; *Public Health,* Miss Stewart; *Membership,* Miss N. Brown; *Enrolment,* Miss H. Fitzgerald; *Finance,* Miss F. Fitzgerald.

District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors:* Misses E. Freeman, V. Manders, E. Moffatt, P. Gaven, Rev. Sr. Donovan; *Conveners: Hospital & School of Nursing,* Miss L. Acton; *General Nursing,* Miss A. Davis; *Public Health,* Miss D. Storms; *The Canadian Nurse,* Miss O. Wilson.

District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Mrs. E. M. Smith, 149 Laurier Ave. W., Ottawa; *Councillors:* Misses V. Belier, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Conveners: Hospital & School of Nursing,* Rev. Sr. St. Godfrey; *General Nursing,* Mrs. G. Fraser; *Public Health,* Miss F. Moroni; *Cornwall Chapter,* Miss M. McWhinnie; *Pembroke Chapter,* Rev. Sr. M. Evangeline; *The Canadian Nurse,* Miss H. Tanner.

District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health,* Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing,* Miss A. Riordan, Sudbury; *General Nursing,* Mrs. E. Sheridan, Sudbury; *The Canadian Nurse,* Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors:* Miss J. Hogarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners: Hospital & School of Nursing,* Miss L. Horwood; *General Nursing,* Miss I. Morrison; *Public Health,* Miss Q. Donaldson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing,* Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing,* Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health,* Miss Margaret Darling, Alberton.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice President (English), Miss Mabel K. Holt; Vice President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office:* Misses Marion Nash, Mary Ritchie, Mlles Roy, Trudel, Giroux; *Advisory Board:* Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Mlles Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections: General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5184-A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Mance Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners:* Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Mar[illegible]ult, Anysie Deland, Suzanne Giroux; Exe cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West. Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearston, Melfort; *Councillors* : Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of Nursing*, Miss A. F. Lawrie, Regina General Hospital: *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*. Miss R. Wozny; *Public Health*, Miss F. Dean: *Hospital & School of Nursing*, Miss M. Zens.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. Pres., Miss S. Macdonald; Pres., Mrs. T. L. O'Keefe; First Vice-Pres., Mrs. A. E. Warrington; Sec. Vice-Pres., Mrs. H. Buckmaster; Corr. Sec., Mrs. F. Wotherspoon, 1215-9th St. W.; Rec. Sec., Mrs. A. McIntyre; Treas., Mrs. C. Parks; *Press*, Mrs. D. O. Macko; *Membership*, Mrs. E. Donnison.

A.A., Holy Cross Hospital, Calgary

President, Miss Ruth Turnbull; First Vice-President, Miss Gertrude Thorne; Second Vice-President, Miss Margaret Bella; Recording Secretary, Mrs. A. Kloepfer; Corresponding Secretary, Mrs. C. Harrison, 412–21st Avenue, N.W., Treasurer, Mrs. Elaine S. Clarke.

A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Strochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss Einarson; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Mrs. M. Hall; Corr. Sec., Mrs. W. White, R.A.H.; Treas., Miss F. Toby; *Committee Conveners*: *Program*, Mrs. J. White; *Visiting*, Miss T. Holm; *Social*, Miss K. Dunlop; *News Letter*, Miss A. Piercy; *Benefit*, Miss I. Johnson; *Scholarship*, Miss G. Allyn; *Executive*: Miss A. Anderson, Mmes J. F. Thompson, P. Baker.

A.A., University of Alberta Hospital, Edmonton

Honourary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane. Miss D. Haycock.

A.A., Lamont Public Hospital, Lamont

Honourary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrolld; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson Hardisty; *Convener, Social Committee*, Miss C. Stewart.

A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Phillipe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-33 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep.* to *The Canadian Nurse*, Miss C. Bryant.

A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep.* to *Press*, Miss M. Mcdonnell.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. J. H. Russell; First Vice-Pres., Mrs. D. Hunter; Sec. Vice-Pres., Miss M. Dickson; Sec., Mrs. J. A. McCague, 1046 View St.; Assist. Sec., Mrs. Shea; Treas., Mrs. McConnell; *Committee Conveners*: *Social*, Mrs. D. McLoud; *Visiting*, Miss F. Ferguson; *Press*, Mrs. Banyard; *Bursary Committee*: Misses Putman, Dickson, Herbert, Mmes Leal, McLoud.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Kathleen; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. G. Rose; Vice-Pres., Mrs. J. Grant; Sec. Vice-Pres., Mrs. J. Welch; Rec. Sec., Mrs. J. Stokes; Corr. Sec., Miss G. Wahl, St. Joseph's Hospital; Treas., Miss M. Murphy; *Press*, Miss J. Cooney; *Councillors*: Mmes Ridewood, Bryant, Sinclair, Lewis; *Vital Statistics*, Miss Cruickshank.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Superior; *Conveners*: *Visiting*, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps.* to *The Canadian Nurse*, Miss Watson; *M.A.R.N.*, Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

A.A., Children's Hospital, Winnipeg

Pres., Mrs. W. Stewart; First Vice-Pres., Miss M. Perley; Rec. Sec., Miss E. Hyndman; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain, 21 Stratford Hall; *Conveners*: *Program*, Miss M. Smith; *Ways & Means*, Mrs. H. Moore; *Visiting & Red Cross*, Mrs. Campbell; *Membership*, Miss R. Hutton; *News Editor*, Mrs. G. Jack.

A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss I. McDiarmid; First Vice-Pres., Miss C. Lethbridge; Sec. Vice-Pres., Miss T. Wiggins; Third Vice-Pres., Miss E. Wilson; Rec. Sec., Miss J. Smith; Corr. Sec., Miss T. Fredrickson, 630 Maryland St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. W. H. Anderson; *Membership*, Miss B. V. Seeman; *Visiting*, Mrs. J. F. Page; *Journal*, Mrs. W. G. Beaton; *School of Nursing*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Central Directory*, Miss A. Howard; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonner; *Council of Women*, Miss M. McGilvray; *Council of Social Agencies*, Miss B. McClung.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. Hebec Inghram; Vice-President, Mrs. Wendall Slipp, Chapel Street; Secretary, Mrs. Arthur Peabody; Treasurer, Miss Nellie Wallace; *Executive Committee*: Miss Margaret Parker, Miss Evelyn Briggs, Miss Mabel Howe.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. F. MacKinnion; First Vice-Pres., Mrs. W. MacPherson; Sec. Vice-Pres., Mrs. H. Spencer; Rec. Sec., Miss B. MacKenzie; Corr. Sec., Miss F. Anderson, General Hospital; Treas., Miss W. MacLeod; *Committee Conveners*: *Executive*, Miss C. Roney; *Visiting*, Mrs. G. Turner; *Finance*, Miss A. Beaton.

A.A., Halifax Infirmary, Halifax

Pres., Miss Dorothy Turner; Vice-Pres., Miss Rita MacInnes; Rec. Sec., Miss Elisabeth MacDougall; Corr. Sec., Miss Loretta Pertus, 111½ Morris St.; Treas., Miss Gertrude Shortall; *Committee Conveners*: *Visiting*, Miss Eisenhauer; *Entertainment*, Miss Mary Ready; *Press*, Miss Margaret Grant; *Librarian*, Miss Shafer; *Nominating*, Mrs. Power.

A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 267 South St.; Treas., Miss Helen Joncas, Victoria General Hospital; *Committee Conveners*: *Entertainment*, Misses M. Ripley, A. Power; *Refreshments*, Mrs. Cullen, Miss Gervaise; *Visiting*, Misses G. Byers, H. Watson; *Private Duty*, Miss Isobel MacIntosh.

ONTARIO

A.A., Belleville General Hospital, Belleville

Pres., Miss D. Williams; First Vice-Pres., Miss N. DiCola; Sec. Vice-Pres., Miss M. Peacock; Sec., Miss Edna Sullivan, General Hospital; Treas., Miss M. Leury; Registrar, Miss M. Duncan; *Committee Conveners*: *Flowers*, Miss D. Hogle; *Social*, Miss D. Warren; *Program*, Miss M. Fitzgerald; *Rep.* to *The Canadian Nurse & Press*, Miss M. Plumton.

A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Mrs. S. Barber; Vice-Pres., Mrs. A. Grierson; Sec., Miss I. Feely, General Hospital; Treas., Miss J. Rousell; *Committee Conveners*: *Social*, Mrs. G. Thompson, Miss M. Robertson; *Flower*, Misses N. Yardley, R. Moffat; *Gift*, Misses K. Charnley, H. Muir; *Reps.* to: *The Canadian Nurse & Press*, Miss M. Copeland; *Private Duty Section*, Miss E. Scott; *Local Council of Women*, Mmes W. Riddolls, A. Mizon, R. Smith; *Red Cross*, Miss E. Lewis.

A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Merkley; Sec., Miss H. Corbett, 127 Pearl St. E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Van Dusen; *Committee Conveners*: *Social*, Mrs. H. Green; *Flower*, Miss Kendrick; *Program*, Mrs. Derry; *Rep.* to *The Canadian Nurse*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss L. Hastings; First Vice-Pres., Miss F. Armstrong; Rec. Sec., Miss V. Carnes; Corr. Sec., Miss M. Gilbert, 104 Harvey St.; Treas., Miss J. Rickard; *Committees*: *Flowers*: Miss Malott; *Social*: Miss Purcell, Mrs. Goldrick; *Refreshments*: Mrs. Bourne, Miss Houston; *Councillors*: Misses Head, Dyer, Baird, McNaughton; *Reps. to Press*: Miss Patterson; *The Canadian Nurse*: Miss L. Smyth.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sister M. St. Anthony; President, Miss Hazel Gray; First Vice-Pres., Mrs. A. E. Roberts; Sec. Vice-Pres., Miss May Boyle; Secretary-Treasurer, Miss Mary-Clare Zink, 4 Robertson Ave.; Corr. Sec., Miss Anne Kenny; *Representative* to *The Canadian Nurse*, Miss Ursula O'Neill.

A.A., Cornwall General Hospital, Cornwall

Hon. Pres., Miss H. C. Wilson; Pres., Miss E. Allen; First Vice-Pres., Mrs. M. Quail; Sec.-Treas., Miss G. Meyer, General Hospital; *Committee Conveners*: *Program*, Miss M. Summers; *Social Finance*, Miss M. Franklin; *Flower*: Miss E. Rustin, Miss G. Meyer; *Visiting*: Mrs. Wagoner, Mrs. Frayne; *Membership*, Miss G. Rowe; *Rep.* to *The Canadian Nurse*, Miss B. Kinkaid.

A.A., Galt Hospital, Galt

President, Mrs. E. D. Scott; Vice-President, Miss Hazel Blagden; Secretary, Mrs. A. Bond, General Hospital; Treasurer, Mrs. W. Bell; *Committee Conveners*: *Social*, Miss Claire Murphy; *Flower*, Miss L. MacNair; *Press*, Mrs. J. M. Byrne.

A.A., Guelph General Hospital, Guelph

Honourary President, Miss S. A. Campbell; President, Miss L. Ferguson; First Vice-President, Mrs. F. C. McLeod; Secretary, Miss Mary R. Upward, General Hospital; Treasurer, Miss A. Armstrong.

A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Dominica; Pres., Miss Doris Milton; Vice-Pres., Miss Eva Murphy; Rec. Sec., Miss B. Kadwell; Corr. Sec., Miss Anna M. Herringer, St. Joseph's Hospital; Treas., Miss H. Harding; *Convener of Social Committee*, Mrs. T. McCorkindale; *Representative* to *The Canadian Nurse*, Miss A. Herringer.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss M. O. Watson; First Vice-President, Miss M. Watt; Second Vice-President, Miss N. Coles; Recording Secretary, Mrs. H. Roy; Corresponding Secretary, Miss E. Ferguson, Hamilton General Hospital; Treasurer, Mrs. W. N. Paterson, 114 Traymore St.; Secretary-Treasurer, Mutual Benefit Association, Miss H. Sabine, 132 Ontario Ave.; *Committee Conveners*: *Executive*, Miss E. Bingeman; *Social*, Miss H. G. McCulloch; *Flowers*, Miss G. Servos; *Budget*, Mrs. H. Roy.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Alphonsa; Pres., Mrs. B. Markle; First Vice-Pres., Miss B. Cocker; Treas., Miss L. Curry; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 95 Victoria Ave. S.; *Executive*: Misses Crane, Dynes, Miller, McManamy, Hayes, Quinn, Markle, Neal; *Entertainment*, Miss A. Williams; *Rep.* to *The Canadian Nurse*, Miss J. Stevenson.

A.A., Hôtel-Dieu, Kingston

Hon. Presidents, Rev. Sr. Rouble, Mrs. W. Elder; Pres., Mrs. W. H. Lawler; First Vice-Pres., Mrs. V. Fallon; Sec. Vice-Pres., Mrs. C. Keller; Sec., Miss M. Flood, 380 Brock St.; Sec.-Treas., Miss D. McGuire; *Committees*: *Executive*: Mmes Elder, Ahern, Hickey, Miss K. McGarry; *Visiting*: Miss A. O'Connell, Mrs. A. Thompson; *Social*: Misses J. Carty, M. Hinch.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss L. D. Acton; President, Mrs. F. W. Atack, Centre St.; First Vice-President, Mrs. Graham Campbell; Sec. Vice-President, Miss E. Freeman; Secretary, Mrs. Chas. Ryder, 811 Johnson St.; Treasurer, Mrs. C. W. Mallory, 176 Alfred St.; Assist. Treas., Miss P. Timmerman; *Press Representative*, Miss Mae Porter.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. Pres., Miss K. W. Scott; Pres., Mrs. H. Christner; First Vice-Pres., Miss G. Cornwall; Sec. Vice-Pres., Miss E. Carey; Sec., Miss O. Daitz, K. & W. Hospital; Treas., Miss E. Jantzen; *Committee Conveners*: *Program*, Miss L. Daniel; *Lunch*, Mrs. R. Hodd; *Flowers*: Misses M. McManus, M. McLean; *Rep.* to *The Canadian Nurse*, Miss A. Leslie.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Rev. Sr. M. Gerard; Hon. Vice-Pres., Rev. Sr. M. Geraldine; Pres., Miss Millie A. G. Brand; Vice-Pres., Miss Jean Pickard; Rec. Sec., Miss Melva Lapsley; Corr. Sec., Miss Marie A. Lorentz, 92 Victoria St. S., Waterloo; Treas., Miss Beatrice Hertel.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. S. Reid; Pres., Mrs. M. Thurston; First Vice-Pres., Miss G. Lehigh; Sec., Miss Doris Currins, Lindsay, R.R. 6; Treas., Mrs. U. Cresswell; *Committee Conveners*: *Program*: Misses Harding, Wilson; *Refreshments*: Misses Stewart, Kirley; *Flowers*, Miss M. Brackenridge; *Press*, Miss B. Owen; *Red Cross Supply*, Miss A. Flett.

A.A., St. Joseph's Hospital, London

Hon. Pres., Mother M. Theodore; Hon. Vice-Pres., Sister M. Ruth; Pres., Miss I. Griffin; First Vice-Pres., Miss M. Russell; Sec. Vice-Pres., Miss A. Kelly; Corr. Sec., Miss M. Best, 579 Waterloo St.; Rec. Sec., Miss B. Crawford; Treas., Miss A. Schweitzer; *Committee Conveners*: *Social*: Misses M. Ings, M. Kelly; *Finance*: Misses M. Etue, O. O'Neil; *Reps.* to *Registry*: Misses M. Baker, E. Beger; *Press*, Miss M. Regan.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. M. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss G. Erskine; First Vice-Pres., Miss M. Stevenson; Sec. Vice-Pres., Miss A. Mallock; Rec. Sec., Miss A. Versteeg; Corr. Sec., Mrs. M. Ripley, 422 Central Ave.; Treas., Miss E. O'Rourke, 188 Colbourne St.; *Publications*: Misses L. MacGugan, E. Stephens.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. Pres., Miss M. Parks; Pres., Mrs. D. Mylchreest; Hon. Vice-Pres., Miss M. Buchanan; First Vice-Pres., Miss R. Livingstone; Sec. Vice-Pres., Miss D. Scott; Sec., Mrs. E. Robins, 2432 Ker St.; Treas., Miss M. Cooley, 730-4th Ave.; *Committees*: *Visiting*, Miss R. Wilkinson; *Educational*, Miss J. McNally; *Membership*, Miss V. Wigley; *Reps.* to: *The Canadian Nurse* & *R.N.A.O.*, Miss I. Hammond; *Press*, Mrs. Efferick.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Honourary Presidents, Miss E. Johnston, Miss O. Waterman; President, Mrs. H. Hannaford; Vice-Presidents, Miss C. Buie, Miss M. MacLelland; Treasurer, Miss L. V. MacKenzie, 21 William St.; Secretary, Miss Muriel Givens, 23 Albert St.; *Directors*: Misses S. Dudenhoffer, B. McFadden, G. Adams; *Auditors*: Miss F. Robertson, Mrs. H. Burnet.

A.A., Oshawa General Hospital, Oshawa

Hon. Presidents, Misses E. MacWilliams, B. Bell, E. Stuart; Pres., Miss M. Green; First Vice-Pres., Miss P. Richardson; Sec. Vice-Pres., Miss M. Gibson; Sec., Miss M. Anderson; Corr. Sec., Miss L. McKnight, 39 Elgin St. E.; Treas., Miss A. Knott; *Committee Conveners*: *Program*, Miss H. Trew, *Social*, Miss D. Brown; *Rep.* to *The Canadian Nurse*, Miss W. Werry.

A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Pres., Mrs. W. E. Caven; Vice-Pres., Miss G. Halpenny; Sec., Mrs. P. R. Grant, 74 Byron Ave.; Treas., Mrs. G. C. Bennett; *Board of Directors*: Mrs. Waddell, Misses McNiece, McGibbon, Flack; *Flower Convener*, Miss E. Booth; *Representatives* to: *Press*, Miss G. Halpenny; *Registry*: Misses M. Slinn, E. Curry; *The Canadian Nurse*, Mrs. V. Boles.

A.A., Ottawa Civic Hospital, Ottawa

Hon. Pres., Miss G. M. Bennett; Pres., Miss D. Ogilvie; First Vice-Pres., Miss Courlay; Sec. Vice-Pres., Miss G. Ferguson; Rec. Sec., Miss L. Touzel; Corr. Sec. & Press Rep., Miss Tullis, O.C.H.; Treas., Miss D. M. Johnston, 98 Holland Ave.; *Flower & Visiting;* Misses King, Joyce.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sr. Flavie Domitille; Hon. Vice.-Pres., Rev. Sr. Helen of Rome; Pres., Miss Viola Foran; First Vice-Pres., Miss Alice Proulx; Sec. Vice-Pres., Miss Rose Therien; Secretary-Treasurer, Miss Lucille Brule, 95 Glen Ave.; *Membership Secretary*, Miss Florence Lepine; *Councillors*: Mmes E. Viau, L. Dunn, Misses E. Byrne, M. Prindeville, J. Larochelle.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres. Mrs. W. H. Johnston; Vice-Pres., Mrs. J. Pritchard; Sec., Mrs. J. Hall, 17 Openago Rd.; Treas., Mrs. J. W. Shore; *Committees*: *Flowers*: Misses Lewis, Craig; *Refreshments*: Misses Nelson, Allen; *Reps.* to: *Central Registry*: Mrs. Brown, Miss Heron; *Local Council of Women*, Mrs. Mothersill; *Press*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Honourary Presidents, Miss E. Webster, Miss R. Brown; President, Miss C. MacKeen; First Vice-President, Miss V. Reid; Secretary-Treasurer, Mrs. Ralph Snelgrove, 750 Second Avenue, West; *Representative* to *R.N.A.O.*, Miss P. Ellis.

A.A., Nicholls Hospital, Peterborough

Hon. Pres., Mrs. E. M. Leeson, Miss E. G. Young; Pres., Miss Lottie Ball; First Vice-Pres., Miss D. E. MacBuen; Sec. Vice-Pres., Miss J. Preston; Rec. Sec., Miss Florence Scott; Corr. Sec., Miss A. MacKenzie, 758 George St.; Treas., Miss Isobel King, 210 Antrim St.; *Social Conveners*: Mrs. V. Janeway, Miss S. Trotter; *Flower Convener*, Miss Mae Stone.

A.A., St. Joseph's Hospital, Port Arthur

Honourary President, Rev. Mother Camillus; Honourary Vice-President, Rev. Sister Sheila; President, Mrs. Jack Tiskey; Vice-President Miss Cecila Kelly; Secretary, Mrs. Jack Weir, 419 Ambrose St.; Treasurer, Miss Millie Reid; *Executive*: Misses Aili Johnson, Lucy Miocich, Olive Thompson, Isabel Hamer, Mrs. W. Geddes

A.A., Sarnia General Hospital, Sarnia

Hon. Pres., Miss Shaw; Pres., Miss M. Thompson; Vice-Pres., Mrs. V. Galloway; Sec., Miss F. Morrison, 138½ N. Front St.; Treas., Miss I. Dunford; *Committee Conveners*: *Social*, Miss Revington; *Program*, Miss Bloomfield; *Flower & Visiting*, Miss Cairns; *Alumnae Room*, Miss Shaw; *Nominating*, Miss Siegrist; *Rep.* to: *The Canadian Nurse & Press*, Mrs. M. Elrick.

A.A., Stratford General Hospital, Stratford

Honourary President, Miss A. M. Munn; President, Miss Annie Ballantyne, General Hospital; Secretary, Mrs. Viola Byrick, 308 Huron Street; Treasurer, Miss Jean Watson, General Hospital; *Committee Conveners* : *Social*, Miss Bernice Moore; Assists: Miss L. Attwood, Miss M. Mackenzie; *Flower and Gifts*, Miss M. Murr.

A.A., Mack Training School, St. Catharines

President, Miss Evelyn Buchanan; First Vice-President, Miss Klomer; Second Vice-President, Miss Ulpt; Secretary, Miss Sayus, General Hospital; Treasurer, Miss McMahon; *Committee Conveners*: *Program*, Miss J. Turner; *Social*, Miss Hastie; *Visiting*, Miss Kirkpatrick; *Representatives* to: *Press*, Miss H. Brown; *The Canadian Nurse*, Miss A. Brubaker.

A.A., St. Thomas Memorial Hospital, St. Thomas

Hon. Pres., Miss J. M. Wilson; Hon. Vice-Pres., Miss F. Kudoha; Pres., Miss E. Stoddern; First Vice-Pres., Miss E. Ray; Sec., Mrs. B. Davidson; Corr. Sec., Miss E. Dodds, 33 Wellington St.; Treas. Miss P. Howell; *Committee Conveners*: *Social*, Miss A. Claypole; *Flower*, Miss M. Broadley; *Ways & Means*, Miss A. Fryer; *Reps.* to *R.N.A.O.*, Miss B. McGee; *Press*, Miss E. Jewell.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Honorary President, Miss Pearl Morrison; President, Mrs. E. Jacques; Vice-President, Miss

A. Lendrum; Recording Secretary, Mrs. M. Smith, 130 Dunn Avenue; Corresponding Secretary, Miss Ivy Ostic, 130 Dunn Avenue; Treas., Miss Maud Zufelt; ***Social Convener,*** **Miss B. Langdon.**

A.A., Hospital for Sick Children, Toronto

Pres., Mrs. D. E. MacKenzie; First Vice-Pres., Mrs. W. S. Keith; Sec. Vice-Pres., Miss M. McInnis; Rec. Sec., Miss H. Booth; Corr. Sec., Mrs. W. Ritchie, 55 Colin Ave.; Treas., Miss F. Watson, H.S.C.

A.A., Riverdale Hospital, Toronto

Pres., Mrs. S. J. Hubbert; First Vice-Pres., Miss A. Armstrong; Sec. Vice-Pres., Miss M. Thompson; Sec., Mrs. H. E. Radford, 6 Neville Pk. Blvd.; Treas., Mrs. T. Fairbairn; *Conveners*: *Program*, Miss Mathieson; *Visiting*: Mrs. Spreeman. Miss M. Thompson; *Reps.* to: *Press & Publication*, Miss J. Forbes; *R.N.A.O.*, Miss O. Gerber; *The Canadian Nurse*, Miss Armstrong.

A.A., St. John's Hospital, Toronto

Hon. Pres., Sr. Beatrice; Pres., Miss M. Martin; First Vice-Pres., Miss D. Whiting; Sec. Vice-Pres., Miss M. Creighton; Rec. Sec., Miss M. Anderson; Corr. Sec., Miss M. Riches, St. John's Convalescent Hospital; Treas., Miss A. Greenwood; *Entertainment Convener*, Miss R. Ramsden; *Visiting Convener*, Miss L. Richardson; *Rep.* to *Press*, Miss E. Price.

A.A., St. Joseph's Hospital, Toronto

Pres., Miss T. Hushin; First Vice-Pres., Miss M. Goodfriend; Sec. Vice-Pres., Miss V. Smith; Rec. Sec., Miss M. Donovan; Corr. Sec., Miss M. T. Caden, 474 Vaughan Rd.; Treas., Miss L. Hill; *Entertainment Convener*, Mrs. J. Shapley; *Program Convener*, Miss M. Kelly; *Representative* to *R.N.A.O.*, Miss C. Knaggs.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Sister Mary of the Nativity; Hon. Vice-Pres., Sr. Mary Kathleen; Pres., Miss Doreen Murphy; First Vice-Pres., Miss R. Moore; Sec. Vice-Pres., Miss M. Stone; Rec. Sec., Miss M. McRae; Corr. Sec., Miss M. Hughes, 32 Glenholme Ave.; Treas., Miss C. Cronin; ***Councillors***: Misses L. Regan, E. Crocker, C. Hammill; *Committee Conveners*: *Press*, Miss P. Harding; *Mag. Editor*, Miss M. Crowley; *Assoc. Membership*, Mrs. R. Slingerland; *Reps.* to: *Hospital & School of Nursing Section*, Miss G. Murphy; *Public Health Section*, Miss L. Larsen; *Local Council of Women*, Mrs. T. Scully.

A.A., School of Nursing, University of Toronto, Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. Emory; Pres., Mrs. M. McCutcheon; First Vice-Pres., Miss M. Macfarland; Sec. Vice-Pres., Miss E. Cryderman; Sec., Miss M. Nicol, 226 St. George St.; Treas., Miss D. McPherson; *Committee Conveners*: *Membership*, Mrs. C. Smith; *Endowment Fund*, Miss E. Fraser; *Program*, Miss J. Wilson; *Social*, Miss B. Ross.

A.A., Toronto General Hospital, Toronto

President, Mrs. E. S. Jeffrey; First Vice-President, Miss Ethel Cryderman; Second Vice-President, Mrs. R. F. **Chisholm; Secretary-Treasurer, Mrs. F. B. G. Coombs, 1585 Bloor St. W.; *Councillors*: Misses Mabel Cunningham, Mary Meikle, Christine Wallace, Mrs. J. B. Wadland; *Committee Conveners*: *Flower*, Miss E. Forgie; *Social*, Miss Dorothea Lake**; *Program*, Miss Maud Fry; *Archives*, Miss J. M. Kniseley; *"The Quarterly"*, Mrs. H. E. Wallace.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Honourary President, Miss Ella MacLean; President, Miss Margaret Purvis; Secretary, Miss D. Jean Smith, 64 Hewitt Avenue, Toronto; Treasurer, Miss Dorothy Golden.

A.A., Toronto Western Hospital, Toronto

Hon. Presidents, Miss B. Ellis, Mrs. C. J. Currie; President, Mrs. Douglas Chant; Vice-President, Miss Mae Palk; Corresponding Secretary, Miss Isabel Kee, Nurses Residence, T.W.H.; Recording Secretary, Mrs. Fooks; Treasurer, Miss Benita Post, Western Hospital; *Representative* to *The Canadian Nurse*, Miss Elizabeth Westren.

A.A., Wellesley Hospital, Toronto

Hon. Pres., Miss E. K. Jones; Pres., Miss J. Harris; First Vice-Pres., Miss M. Stanton; Sec. Vice-Pres., Miss M. Johnston; Rec. Sec., Miss G. Schwindt; Corr. Sec., Miss M. Russell, 4 Thurloe Ave.; Treas., Miss J. Brown; Treas. *Sick Fund*, Miss D. Good; *General Committee*: Misses E. Cowan, J. Hayden, B. Calvert, J. Laird, H. Wark, G. Bolton, Mrs. Reeve.

A.A., Women's College Hospital, Toronto

Honourary President, Mrs. Bowman; Honourary Vice-President, Miss H. T. Meiklejohn; President, Mrs. S. Hall, 866 Manning Ave.; Recording Secretary, Miss Isabel Hall, Women's College Hospital; Treasurer, Miss W. Worth, 93 Scarbora Beach Blvd.; *Representative* to *The Canadian Nurse*, Miss Mary Chalk.

A.A., Ontario Hospital, New Toronto

Hon. Presidents, Miss E. Rothery, Miss C. Brock; Pres., Miss E. Moriarty; First Vice-Pres., Miss R. Osborne; Rec. Sec., Miss E. McCalpin; Corr. Sec., Miss L. Chartrand, Ontario Hospital; Treas., Mrs. E. Claxton; *Committee Conveners*: *Program*, Miss O. Strand; *Social*, Miss L. Blair; *Visiting & Flower*, Miss E. Alderton; *Rep.* to *The Canadian Nurse*, Miss M. Garrett.

A.A., Grace Hospital, Windsor

President, Adjutant Gladys Barker; Vice President, Miss Phyllis Hardcastle; Secretary, Miss Jeanette Ferguson, Grace Hospital; Treasurer, Miss Jean Galloway; *Echoes' Editor*, Adjutant Gladys Barker.

A.A., Hôtel-Dieu, Windsor

Hon. Pres., Rev. Mother Marie; Hon. Vice-Pres., Sr. C. Maitre; Pres., Miss J. Thomas; First Vice-Pres., Miss E. Cox; Sec. Vice-Pres., Miss J. Curry; Sec., Miss A. McNulty; Corr. Sec., Sr. Marie Roy, Hôtel-Dieu; Treas., Miss L. Arisenault; *Visiting Committee*: Misses M. May, B. Beuglet.

A.A., General Hospital, Woodstock

Pres., Miss Mary Matheson; Vice-Pres., Mrs. Jack Town; Sec., Miss A. Aitcheson; Ass. Sec., Miss M. I. Matheson; Treas., Miss A. Arnott;

Ass. Treas., Miss K. Mahon; Corr. Sec., Miss E. Rickard, 211 Wellington St.; *Committee Conveners*: *Flowers & Gifts*: Misses M. Hodgins, N. Smith; *Program*, Miss M. Gillespie; *Social*, Mrs. King; *Rep.* to *Press*, Miss B. Calvert.

QUEBEC

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Misses A. S. Kinder, E. Alexander; Pres., Miss J. E. Cochrane; Vice-Pres., Miss E. Fraser; Sec., Miss M. MacNaught, Children's Memorial Hospital; Treas., Miss E. Richardson; *Committee Conveners*: *Social*, Miss M. Robinson; *Visiting*, Miss E. Wilsey; *Representatives* to: *Private Duty Section*, Miss A. J. O'Dell; *The Canadian Nurse*, Miss H. Nuttall.

A.A., Homoeopathic Hospital, Montreal

Hon. Pres. Miss V. Graham; Pres., Miss N. Gage; First Vice-Pres., Miss J. Morris; Sec., Miss M. Stewart, 865 Richmond Sq.; Treas., Mrs. E. Warren; *Conveners*: *Sick Benefit*, Mrs. Warren; *Visiting*: Misses Campbell, Currie; *Program*, Miss Macdonald; *Refreshment*, Miss Perron; *General Nursing Section*: Misses Allnutt, Snasdell-Taylor.

A.A, Lachine General Hospital, Lachine

Honourary President, Miss L. M. Brown; President, Miss Ruby Goodfellow; Vice-President, Miss Myrtle Gleason; Secretary-Treasurer, Mrs. Byrtha Jobber, 60-51st Ave., Dixie—Lachine; *General Nursing Representative*, Miss Ruby Goodfellow; *Executive Committee*: Mrs. Harlow, Mrs. Gaw, Miss Dewar.

L'Association des Gardes-Malades Diplômées, Hôpital Notre-Dame, Montréal

Hon. Pres., Sr. Papineau; Hon. Vice-Pres., Sr. Décary; Pres., Miss E Mérizzi; First Vice-Pres., Miss M. Gagnon; Sec. Vice-Pres., Miss C. Frégeau; Rec. Sec., Miss G. Roy; Corr. Sec., Miss L. Deguire; Assoc. Sec., Miss M. Leroux; *Councillors*: Misses G. Latour, B. Magnan, M. Lussier.

A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss Webster, Miss Tedford; Hon. Treasurer, Miss Dunlop; President, Miss Catherine Anderson; First Vice-President Miss Bertha Birch; Second Vice-President, Miss Mary Long; Recording Secretary, Miss Jean McNair; Corresponding Secretary, Miss Mabel Shannon, Nurses Home, Montreal General Hospital; Treasurer, Miss Isabel Davies; *Committees*: *Executive*: Misses M. K. Holt, A. Whitney, H. Bartsch, E. Robertson, Mrs. F. Johnston; *Program*: Misses M. Batson E. Denman, K. Annesley; *Refreshment*: Misses Clifford (convener), Michie, A. Scott, B. Broadhurst, M. McQuarrie; *Visiting*: Misses M. Ross, B. Miller, H. Christian; *Representatives* to: *General Nursing Section*: Misses A. Whitney, M. McLeod, C. Pope, J. Ross; *Local Council of Women*: Misses A. Costigan, M. Stevens; *The Canadian Nurse*: Miss C. Watling.

A.A., Royal Victoria Hospital, Montreal

Hon. President, Miss Mabel F. Hersey; President, Mrs R. A. Taylor; First Vice-President, Miss F. Munroe; Second Vice-President ,Miss H. Sharpe; Recording Secretary, Miss K. Stanton; Secretary-Treasurer, Miss G. A. K. Moffat, Royal Victoria Hospital; *Board of Directors* (without office): Miss E. C. Flanagan, Mrs. E. O'Brien; *Conveners of Standing Committees*: *Finance*, Mrs. R. Fetherstonhaugh; *Program*, Miss G. Yeats; *Scholarship*, Miss H. Sharpe; *General Nursing*, Mrs. A. F. Robertson; *Conveners of Other Committees*: *Canteen*, Miss B. Campbell; *Red Cross*, Mrs. F. E. McKenty; *Visiting*, Miss E. Reid; *Representatives* to: *The Canadian Nurse*, Miss G. Martin; *Local Council of Women*, Mrs. Vance Ward, Miss K. Dickson.

A.A., St. Mary's Hospital, Montreal

Hon. Pres., Rev. Sr. Rozon; Pres., Miss I. Goring; Vice-Pres., Miss T. deWitt; Sec., Miss P. Owens; Corr. Sec., Miss P. McKenna, 4828 Girouard Ave.; Treas., Miss E. Quinn; *Committees*: *Entertainment*: Misses E. O'Hare, M. Smith, M. Morris, Mrs. Latremoille; *Visiting*: Misses R. Bradley, N. Callahan, M. Collins; *Press*: Misses R. Prendergast, I. Olney.

A.A., School for Graduate Nurses, McGill University, Montreal

Pres., Miss Margaret Brady; Vice-Pres., Miss Winnifred McCunn; Sec.-Treas., Miss Elsie Allder, Royal Victoria Hospital; *Conveners*: *Flora M. Shaw Memorial Fund*, Mrs. L. H. Fisher; *Program*, Miss R. Lamb, *Representatives* to: *Local Council of Women*, Mrs. J. T. Allan, Mrs. J. R. Taylor, *The Canadian Nurse*, Miss F. Lamont.

A.A., Woman's General Hospital, Westmount

Hon. Presidents, Misses Trench, Pearson; Pres., Miss C. Martin; First Vice-Pres., Mrs. Tellier; Sec. Vice-Pres., Mrs. Crewe; Corr. Sec., Mrs. Davis, 5946 Waverley St.; Rec. Sec., Miss Van-Buskirk; Treas., Miss Francis; *Committees*: *Visiting*: Mrs. Chisholm, Miss G. Wilson; *Social*: Misses Linton, Yellin, Chananie; *Rep.* to *The Canadian Nurse*, Miss Francis.

A.A., Jeffery Hale's Hospital, Quebec

Pres., Mrs. A. W. G. Macalister; First Vice-Pres., Mrs. L. Teakle; Sec. Vice-Pres., Miss G. Weary; Sec., Miss M. G. Fischer, 305 Grande Allée; Treas., Mrs. W. D. Fleming; *Councillors*: Misses Wolfe, Kennedy, Fitzpatrick, Ross, Mrs. Pfeiffer; *Committees*: *Refreshment*: Misses Kirtsen, Jones, Warren, Dawson; *Visiting*: Misses Douglas (convener), Martin, Mmes. Raphael, Gray; *Program*: Mmes. Young, Teakle, Misses Lunam, Douglas; *Reps.* to: *Private Duty Section*: Misses Walsh, Perry; *The Canadian Nurse*, Miss N. Humphries.

A.A., Sherbrooke Hospital, Sherbrooke

Hon. Pres., Miss V. Beane; Pres., Mrs. N. Skinner; First Vice-Pres., Mrs. F. Steigmeir; Sec. Vice-Pres., Mrs. G. Sangster; Rec. Sec., Miss N. Arguin; Corr. Sec., Miss R. Forward, 51 Melbourne St.; Treas., Mrs. H. Grundy; *Convener, Entertainment Committee*, Mrs. H. MacCallum; *Reps.* to: *Private Duty Section*, Miss P. Gough; *The Canadian Nurse*, Mrs. G. Burt.